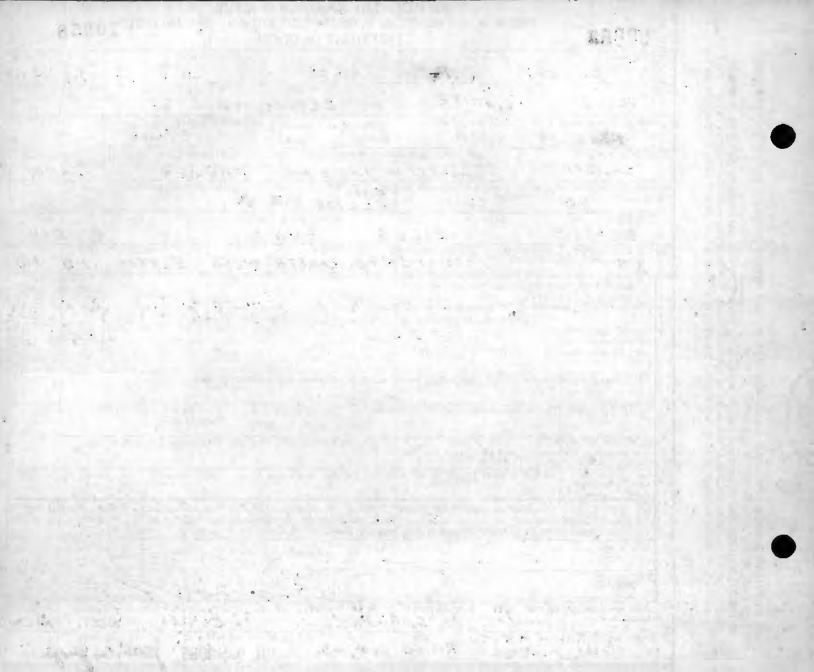
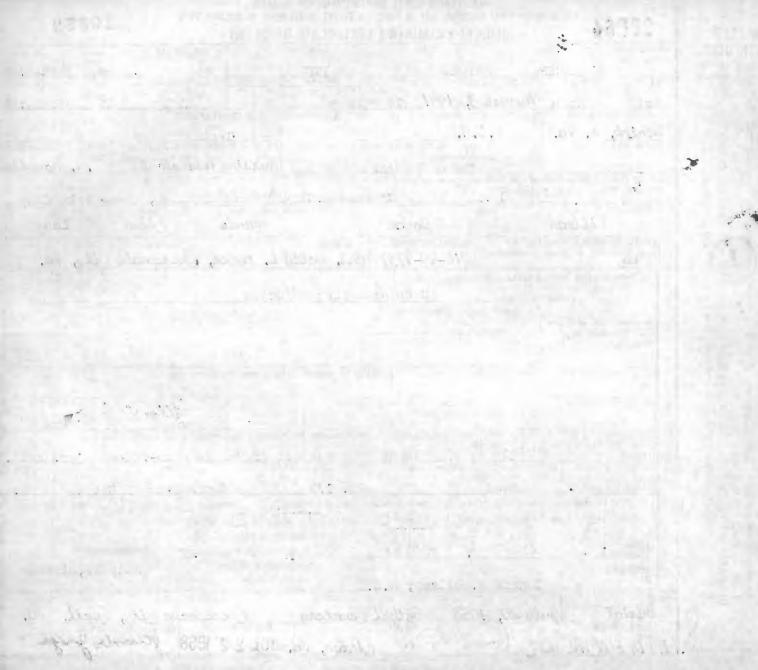
0 1	MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND 21201  MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	1005	7
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-DEATH MATED 7-7-7	Year 2b HOUR
The state of the s	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours I H UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	eor 1928 AM
form P	7a. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH   Country) Poland   USA   WIDOWED   DIVORCED   Cecil	Md
hours after death tem 18. Give Pages Office along with for and 2 with the State state death.	give street oddress) Union Hospital during most of working life, even if retired. INDUST Storekeeper	ND OF BUSINESS OR RY OCCTY
W all	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmissian)   MAIF-yland   13b. COUNTY Cecil   North East   YES   NO   R.D. 2	
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown	Lost
J within 24 n pencil in Examiner's File pages n 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) Yes  160. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS R. D. 2  North East	
xecuted and and and and and and and and and an	PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
X D X D =	DUE TO, OR AS A CONSEQUENCE OF	F.6653
should be to word "pel to the Chief to the Chief buriol-transit	rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF	
erificate should writing the word rworded to the C sed as a buriol-tr loval, and in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 211. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2. Item 18.)	O. AUTOPSY?  YES NO P
#= = 0	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AF WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town County of Town Count	nty Stote
ical E e executor. Po ed for cCTOR: I	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, Ascident, Suicide, Hamicide, Undetermined manner	and in my apinian
DEPUTY CAL EXAM reessory, please execute the e funeral director. Poge 4 may be retoined for your FUNERAL DIRECTOR: Poge solith prior to burial, crem	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ( 226. DATE SIGNED	
TO DEPUTY necessory, the funera 5 may be TO FUNERA Health pr	NAME (Type) 1. // man D. Johnson M.D. ADDRESS(Street, city, town, or county) 123 5 nser/y	
5 ± 2 5 ±	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 7-10-68 North East Methodist North East Ceci	l Md.
VR A15ME (5)	Grant Funeral Home Crouch North East, Md. DULL 10 1968 Clearly	and go

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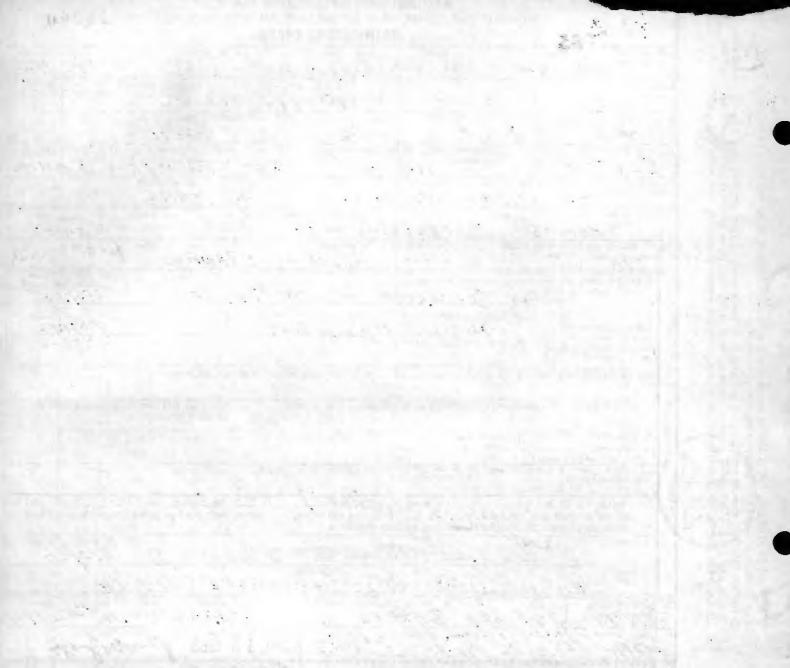
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10858 09864 CERTIFICATE OF DEATH OECEASED NAME (Type or print) ERNEST Middle Lost 20. DATE OF DEATH 2b. HOUR R. BILES S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MALE last birthday) OCT. 15, 1886 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED PHYSICIAN: The low requires that the death certificate be executed within 24 ha 1 ECIL RENN. USA WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address RT NURSING HOME during most at working life even if retired.) INDUSTRY remove corbon CALVERT 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY ECIL admission) STATE 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle REORGE BILES QUEIN ANNA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no Josephnawn) 122-01-5484 ELIZABETH BILES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) \_\_ CORONARY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) for use as the l [Health prior to b O FUNERAL DIRECTOR: After this certificate hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 22b. SIGNATURE 22c DATE SIGNED 7.22 - 6 director, page should be filed DIRECTOR PHYS. 22a. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (State) SHARP ELKTON ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RALPH M. REED VR A15 (4) RISING SUN, MO. m. Ered DATEJUL 2 4 1968 30M REV. 1/68



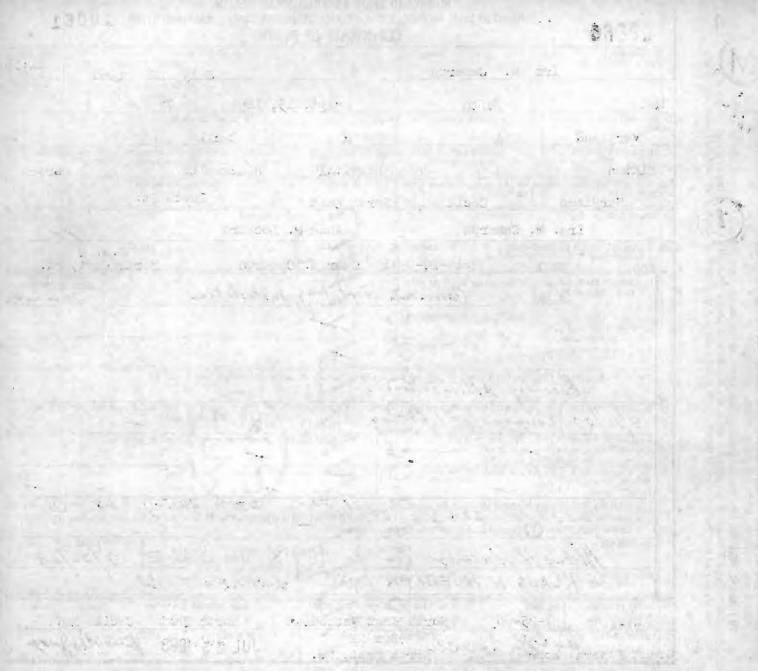
	1	MARTLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0059
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWNE Month I (Type or Print)	Doy Year 2b. HOUR
s to age		ACIE SAFORD BOYCE DEATH MATED 7 1	
eloy Pod	3. 5	lost birthday) MONTHS DAYS HOURS MIN Month Day	Year 2d. HOUR
2, and 3 to PM3. Page		Male White August 3, 1941 26 YRS. July 19	1968 10:45
I, 2, or Phy	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEYER MARRIED 9. COUNTY OF DEATH	
form form	100	Renick, W. Va. U.S.A. WIDOWED   DIVORCED   Gecil	Md.
death Pag with	10.	CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   1)	2b. KIND OF BUSINESS OR
firer death Give Pages tong with for ith the State		Elkton Bnion Hospital Monsing Assistant	NOVSTRY. Hospita
hours ofter death Item 18. Give Pages 1, Office along with form I and 2 with the State De ofter death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY	·
JFS (ce ce c		Md.   Cecil ChesapeakeCity   Box 164, Chesa	
hours Office Office offer d	19.	FATHER'S NAME First Middle Lost Boyce 15. MOTHER'S MAIDEN NAME First Middle Ellen	Lost
24 in S in	1/-/	0	Long
within 24 pencil in camin is de pages 72 hours		(It yos give wor or doles of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  218-40-4739 Mrs. Betty L. Boyce, (hesapeake (	C:4. M.1
Kamirh Kan			APPROXIMATE INTERVAL
ing in dical control in dical control		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS (AUSED BY:	BETWEEN ONSET AND DEATH
Medical Medical permit	-	IMMEDIATE CAUSE (o) CTANTOCETEDIAL INTUITIES	
pendi pendi iief Me ansit pe		OUE TO, OR AS A CONSEQUENCE OF	
d b Chik		rise to immediate cause (a), (b)	
should be e he word "per to the Chief I burial-transit d in any even		stoting the underlying cause DBE TO, OR AS A CONSEQUENCE OF	
he w to th burid		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
INER: This certificate should be executed within 24 se certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Kamine's files.  3 should be used as o burial-transit permith File pages lation, or removal, and in any event within 12 hours		2/9 4	
This certifinicate, writing be farward de used a de removal,	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for the contract of the contra	FIGA	WAS PERFORMED?	YES NO
INER: This certificate, write should be forwar files. 3 should be used action, or remova	CER	210. EXTERNAL CAUSE WAS 21b. TIME QF INJURY Month, Day, Year 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	WHAT A
R: ertiff s. s. ould	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A 11 P.M. 7 169 68 Subject driver in auto-fixed	object coll
Short in the control of the control	AE OF	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. Giv or Town	County State
XAMINER: tre fine certified 4 should your files. age 3 should cremation,		WHILE NOT WHILE AT WORK AT WORK Road Rt. 273 Chesapeake Co	ecil Md.
bical Examiner: se execute the certicator. Poge 4 should ned for your files. ECTOR: Page 3 shou buriol, cremation,		22a. I certify that I taak charge of the remains desgribed above, held an AutopsXX, Inspection , Inquiry ,	and in my apinian
olcal E ase execu- rector. Po- pined for RECTOR: It		death resulted fram: Natural caoses [], Accident KX Suicide [], Hamicide [] Undetermined manner [	
please explication director.		CHIEF MEDICAL EXAMINER	
ry, please e erol director be retained RAL DIRECT prior to bu		ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX 22b. DATE SI	GNED
EPUTY funeral oy be n NERAL Ith prio		SIGNATURE TO STATE OF THE STATE	17 1968
necessary, please execute the funerol director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
TO DEPU necessal the func 5 moy 1 10 FUNEI Health	230	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	Caunty) (State)
		Burial July 20, 1968 Bethel Cemetery Chesapeake City, (	ecil, Md.
DR.	-	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 5 SI	GNATURE
VR A15ME (5)	PI	PPIN FUNERAL HOME Llower Da Elkton, Majarijul 22 1968 goliane	to free for



MARYLAND STATE DEPARTMENT OF HEALTH 10060 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAM 2n. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINCHER 1 YEAR IF UNDER 24 HR after MONTHS (WHITE 24 hours 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED country) WIDOWED S DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress) during most of working life, even if retired INDUSTRY\_ and in any event, witl remaye carban 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 134 INSIDE CITY LIMITS? requires that the death certificate be executed YES NO 😿 YONE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last BUCKWERTH 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no or unknown) burial, cremation, ar remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave > HRONCC. burial-transit rise ta immediate cause (a), signed by be retained by the haspital or attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar to b the TO FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [ 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. af H (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark of wark 22a. I certify that (I) (this haspital) attended the deceased from \_\_1968, and that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an LULY 12 director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 225 SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) 4. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 100 6 1 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Month Yeor Ira M. Cameron 968 V Cul. 3. SEX 4. RACE S. DATE OF RIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after npletely filled in by the carban papers. Pages last birthdoy) MONTHS ROURS Male White Sept. 15. 1894 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ounlry) Maryland WIDOWED X DIVORCED [ USA Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Blacksmith INDUSTRY Elkton Union Hospital Horses 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 🔽 6 Beech St. NO T Maryland North East Cecil 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Lost gue Lost Anna M. Lockard Ira. M. Cameron ۵ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address R.D. 2 Yes, no, or unknown) (If yes give wor or dates of service) or remayal, 214-20-0941 North East, Md. Omar H. Cameron Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY arcinoma 20 months IMMEDIATE CAUSE (o crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES T for use Health 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. , 1967, to 22 July \_19 🐼 and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive ancauses stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS H. HUEBNER NAME (Type) director, plnous 23b. DATE 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town). (Stole) (County) REMOVAL (Specify) North East Methodist North East Cecil Md. Buria ADDRESS BOX 22 **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Home Worth East, DATE Grant Funeral



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. (Type or print) CHAPLINE Thomas 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR White Male lost bijinday) ZHTINOM 2-5-25 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? lease remove carban paper. 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED TO Frederick, Md. Cecil County U.S.A. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) Perry Point Maryland VA Hospital None 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) SiAlfaryland 13b COUNTY YES 53 NO . Frederick 105 A Council St. Frederick IS MOTHER'S MAIDEN NAME FIRST Middle 14 FATHER'S NAME Middle Kellv George Markell Chapline.\$r. Clara 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar removal, 219 14 8552 VA Hospital Records - Perry Point, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute pulmonary Edema 2 hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) Sudden Cardiac arrest rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, crei stating the underlying causes 2 hours (c) Grand mal seizure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 27c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While hot while of work 22a. I certify that (F) (this hospital) attended the deceased fram 10-16-50, 19 , ta 7-13-68 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE 7-14-68 DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Irina Reus, M.D VA Hospital - Perry Point, Md. Gettysburg, Adams, Penn. 23c, NAME OF CEMETERY OR CREMATORY 23d BUR AL, CREMATION, 23b DATE Burial (Specify) 7-17-1968 Gettysburg National Cem. 2 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) UUL 16 30M REV. 1/68 ROBERT DAILEY FUNERAL NOW Frederick Md.

MAKTLAND STATE DEPAKTMENT OF HEALTH



2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	### ### MEDICAL EXAMINER'S CERTIFICATE OF DEATH	63
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN North D	Day Year 2b HOUR
of of	(Type or Print)	9 1968 1 20
loy is 1 3 to Poge ent of	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
ny deloy 2, ond 3 PM3. Por	Male White 4/10/14   lost brinday   MONTHS   DAYS   HOURS   Milk   Month   Day   9	Year 19 68 1 - 20
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	0001 1 - 20
L'E CO	Cecil Country) New Jersey U.S.A. WIDOWED DIVORCED Cecil	Mc
offer death 8. Grve Poges I, clong with form with the State D	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 1)	2b KIND OF BUSINESS OR
ve Poor	Perry Point V. A. Hospital Perry Point Barber	NDUSTRY
offer de 8. Give I olong w with the	130 USUAL RES DENCE (Where dereased used a institution Residence hatgree T3c CITY OR TOWN 13d MSDE CITY UM 15? 13e STREET AND NUMBER	
s offer 18. Gr s olong 2 with death	odm ssion) STATE Md. 13b. COUNTY to. Balto. YES NO 1 604 S. Broadwa	V
I hours ofter death Item 18. Give Poge Office olong with 1 and 2 with the Sta	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Joseph Cichacki Pietronella Kon	walewski
	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SEGURITY NO. 17 INFORMANT ADDRESS.	N.J.
be executed within "pending in pending in pending in pending Examine institute of the page event within 72 have	(Yes, no, or unknown) (If yes give wor or doftes of service)	outh River
F E	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)	APPROX MATE , NILRYA. BETWEEN ONSET AND DEATH
and	PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease	British Oliver Had Death
be executed in pending in hist medical E ansit pendin. E event within.	DUE TO, OR AS A CONSEQUENCE OF	
2 - E - S	Conditions, if only, which gove (b) (b)	
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should se word to the C burial-tr	last,	
This certificate should cate, writing the word be forwarded to the Cl be used as a burial-tremoval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificate to, writing the forwarded to re used as a breeze, and	8 422/	
certifi orwor used mavol	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his of the following the follo		YES NO
		a 1B)
NER: I certificate hould be les. should a should build build build should attion, or	GAUSE OF DEATH P.M. 19	
3 + S = S	factory after hulding etc.)	County Stote
You you cre	AT WORK AT WORK	
DEPUTY BICAL EXAM cessory, please execute the e funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page softh prior to burial, crem	22a. I certify that I taak charge of the remains described above, held an Autopsy 🕱 Inspection 🔲, Inquiry 🔲,	and in my apinian
trong e e e e e e e e e e e e e e e e e e e	death resulted from Natural-causes XX Accident Suicide, Hamicide, Undetermined manner	
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MARYLAND STATE DEPARTMENT OF HEALTH



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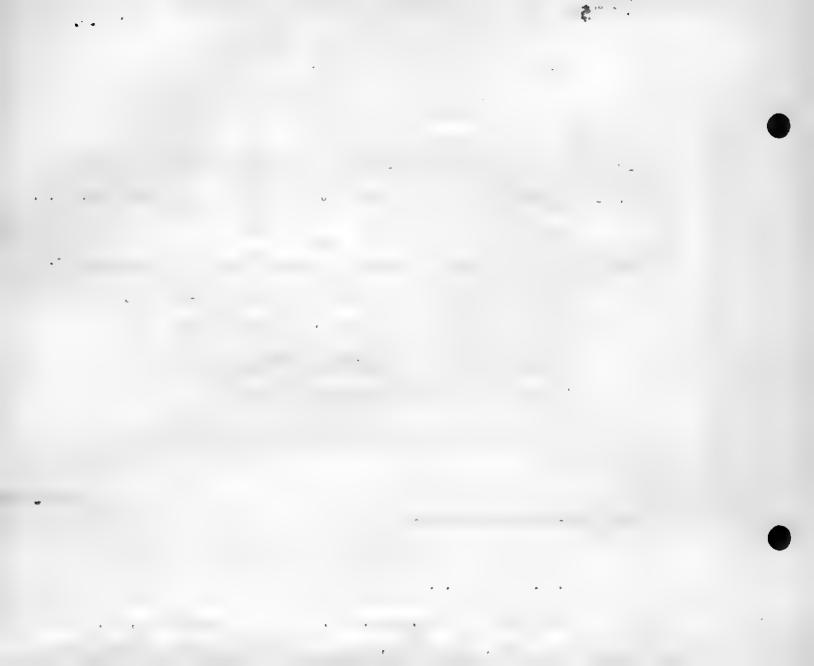
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambrely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages I and 2 should be filed with the State Dept. of Health prior to burial, crematian, or manad, and in any event, within 72 hours after death	1	21d INJURY OCCURRED While Not while of work of the euthome, Fr. State of work
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30M REV VIJ 88	6	ant funeral Home North Egst, mi part 10 1000 persones judge



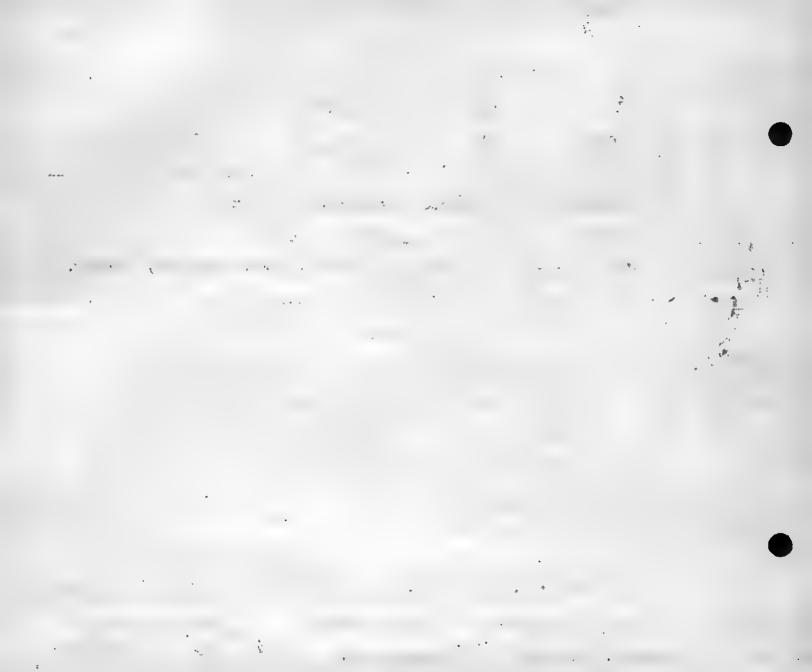
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10069 CERTIFICATE OF DEATH First Middle 1. DECEASED NAME ond 2 deoth. 20. DATE OF DEATH 2b. HOUR xecuted within 24 hours after death (Type or pont) Month Yeor AUI 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER . YEAR IF UNDER 24 HRS. MONTHS E DAYS last bighday) HOURS 70 BIRTAPLACE State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TYT NEVER MARRIED (auntry) completely filled in please remave corban popers CECIL WIDOWED [ DIVORCED | burial, cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 13a USUA, RESIDENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 13d INSIDE 13e. STREET AND NUMBER 13b COUNTY YES 5 NOF MAIN 14. FATHER'S NAME Middle Middle Lost 15 MOTHER'S MAIDEN NAME First lost physician 16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no ocunknown) 220-18-537 the attending phys requires that the death certiff APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: btured ancurrom and parts IMMEDIATE CAUSE (a) Conditions, if any, which gove ) Years Atherosolerosis burial-tronsit rise to immediate cause (a). After this certificate hos been signed by be detached for use os the burial-tron State Dept. of Heofth prior to burial, crer DUE TO, OR AS A CONSEQUENCE OF Page 4 mmy be retained by the hospital or attending physicion. stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NORE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES V NO [T] 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. ( AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at wark After 1 22a. I certify that (I) (this haspital) attended the deceased from 7 = /c., 19 68, ta 7 = /c., 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. O FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o BURIAL, CREMATION, (County) (State) REMOVAL (Specify) LKTON 25h REGISTRAR S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR VR ATS 30M REV 1/68



10-1		99875	DIVISION OF VITAL RECORDS,		RESTON STREE			100000
17	I	tem7b,FilmGLO3			ATE OF D			18070
er death. foheral I and 2 er death.		CEASED NAME First YPE or pnnt) Irv	Middle Ing		lost FELD	20.	DATE OF DEATH  Month July 23,	26 HOUR 1988 10:35pm
s after	3. SI	Male	4 RACE White		S. DATE OF BIRTH 9-8-	-98	69 YRS.	IF UNDER 1 YEAR IF UNDER 24 NRS. MONTHS DAYS NOURS MIN
in 24 haur Filled hydropapers. Pappers.	COU	Russia	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWED			Occil	Md.
d within 24 etely filled property with n 7		Perry Point		ospita	.1	dur pa mast ef	UPATION (Kind of work done working-life even if retired.)	12b KIND OF BUSINESS OR INDUSTRY Appliance
Scutted 4	odm	Dist. of Columb	d treed, if institution Residence before			INSIDE CITY LIM TS?	13e. STREET AND NUMBER 4707 Conn	Ave., N.W.
e exe	14. 1	FATHER S NAME First	Middle Lost		S. MOTHER'S MAID		Middle	Harris (d)
e be	160	WAS DECEASED EVER IN U.S. ARME		(d)	NFORMANT	Rose	Address	Harris (d)
rtificat obysici on ple ival, a	Y	es, no, or unknown) (If yes give wer Yes WW	r or dotes of service)			ital Rec	ords - Perry Po	
requires that the death certificate be executed within 24 haurs after death, g physician.  signed by the attending physician and campletely filled in 1977 We foreral a bund-transit permit. Then please remaye curbon papers. 2036s I and 2 a bunal, crematian, ar remayal, and in any event, with n 70 hear other death.		IB. CAUSE OF DEATH (Enter on y PART I DEATH WAS CAUSED IMMEDIAT		eumon <b>i</b> :	a and Hy	drothora	severc x, bilateral,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the		Conditions, if any which gove a rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF  (b) Arteriosel	Leroti	c Corona	ry Heart	Disease	
equires that the physician. signed by the burial-transit burial, cremat		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF (c) Arteriose					
w requiring phone signer signer to but to but		. Chronic B	ortions contributing to death but no rain Syndrome and	Osteo				
The law attending has been see as the lift priar to	CERTIFICATION	196. DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PER	RFORMED	20o. AUTOPSY YES 🔀	₩О []	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
ICIAN: oital or tificate d far u	MEDICAL CEI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify med col exomine	HOUR A.M. Month Day Year PM 19		OW INJURY OCCUR	RED (Enter natur	e of injury in Port 1 or Port 2, 1	em 18.)
PHYS he has this cer letache o Dept.		21d INJURY OCCURRED 21e P White Not while of work	"LACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUHLDING, ETC.				City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed witle the State Dept. af Health priar ta burial, cre-		22a. I certify that (1) (this	hospital) attended the decease	d from %, an	d that in (my)	, 19 , (our) opinion	to(-23-00_, 19_ deoth occurred on the da	e and hour ond from the
OR ATI		226. SIGNATURE Q. L. T	Nooney M.		ATTENDING	☐ MED DIRECTO	22: [	ATE SIGNED 7 24 68
O HOSPITAL Page 4 may 10 FUNERAL director, pag should be fill			MOONEY, M.D.		22e ADDRES	A Hospit	al - Perry Poi	nt, Maryland
Page 10 FUN direct	230.	BURIAL, CREMATION, 23b DA REMOVAL (Specify) BUTIAL 7-	26-68 Geo. 1	Wash.	Cem.	23d.	10CATION (City or Town)  Hvattsville. N	(County) (State)
VR A15 (4) 30M REV 1/68	24 Go	HUMERAL DIRECTOR Zullanderal	Home, Washingto	n, DC	2 S	ATEJUL 2		



		39876		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BA		
		• , , , , , ,		CERTIFICATE OF DEATH		10071
		CEASED-NAME First ype or print) Cat	Middle Therine	lost Finan	2a. DATE OF DEATH  Manth  7	1968 5:10M
	3 SE		4. RACE	S DATE OF BIRTH	6 AGE (In years last birthday)	HE UNDER 1 YEAR IF JADER 24 HRS.
A STATE OF THE STA	F	emale	White -	Unknown	of the state of th	MONTHS DAYS HOURS MIN
	7o B	IRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
ı.		reland	USA	WIDOWED DIVORCED	Cecil	Md.
4	E	ity or town of death  1kton	antice address 10 S	pital duning	SUAL OCCUPATION (Kind of work dane most of working life even if refired) NOUSE WIFE	126 KIND OF BUSINESS OR INDUSTRY
1	13a <b>a</b> dmi	USUAL RESIDENCE (Where decea ssen) SATE Innuland	sed lived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE CI	TY JAM 159 130. STREET AND NUMBER	
		ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM	E First Middle	Last
П		Owen	(	urran Unknow	מני	
Ī	16a.	WAS DECEASED EVER IN U.S. AR	wor or dates of senare)	NO. 17 INFORMANT	Address	
Ļ		(10	None	James A. Fina	in, Perryville, Ma	ryland
-		<ol> <li>CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE</li> </ol>	nly one cause per line for (a), (b), and (c			BETWEEN ONSET AND DEATH
		IMMEDI	ATE CAUSE (a) ACUTE U	oronary Attack		1-Hour
		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE O			4- Years*
		rise to immediate cause (a),	(p) JOITT CITT	c Myocarditis		4- 70070.
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	ł		
		<u> </u>	(c)	NOT RELATED TO THE TERMINAL DISEASE (	DRECONDITION GIVEN IN PART 3(a)	
-	_	4201				
	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOPSY?	20b 1F YES, WERE FINDINGS (	CONSIDERED IN CERTIFYING
N	ZIEC			YES NO	CAUSES OF DEATH?	
		21a ACCIDENT WAS UNDERLYIN			nter nature of injury in Part 1 or Port 2,	Item 18.)
П	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ener) PM	19		
l		While Not while at work		ACTORY,) 21f LOCATION Street or R.F.D.		County State
		22a. I certify that (I) (th	ris hasaital) attended the decea	sed from ULY 24, 19 19 68 and that in (my) (SDE)	900, to JULY 24, 19	160 , that (I) (vie) lost
- 1		causes stated abov	e, (I) (NO) (did no) view the	e bady after death.	apinian deam accurred an ine o	are and naur and tram the
		226 SIGNATURE	1 0		MED CTAGE 22c.	DATE SIGNED
		Jame;	of Alumon	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	uly 24,1968
1		22d Paysician S Name (Type) Jante S	L. Johnson M.1	D. 220 ADDRESS 245 East	High St, Elkto	on Cecil IId.
İ	23a.	BURIAL, CREMATION, 23b.		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
		"Durial"	7-27-1968, (athe	dral Cemetery	Wilmington,	Del
		FUNERAL DIDPETOR	1361 - JADONES	230 KEC		SIGNATURE
1		Lee A. Patter	on & Son Perruvi	he i'd. DAUG	4 1000	4 6



	1	MARILAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
V day		COST CERTIFICATE OF DEATH
€ 25€		ECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
24 haurs after death 22 haurs after death 172 haurs after death	(1	(ype ar print) LEE ANDREW FORD 7 Manth 5 Pay Year 68 6.30 PM
5 3 4	3 51	
afte afte		lest herbidged agency gas her by
ST YOUR ST	70	
Programme Programme	Eath	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
3 5 E	_	DA. U.S. WIDOWED DIVORCED DY CECIL COUNTY Md.
filled thin 24	10 6	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a. USUAL OCCUPATION (Kind of work done during-gogs) of give street oddress).  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during-gogs) of give street oddress).
\$ 5 V	18	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital laza. USUAL OCCUPATION (Kind of wark dane laza street address).  12. USUAL OCCUPATION (Kind of wark
int,	13a	USUAL RES DENCE-Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY ANTIS? 13e. STREET AND NUMBER
camplet ave car	adm	SSION) STATE Md. 13b. COUNTY HARTORD ADARDER HYES W NO 171 PLASKY HIGHWAY
The mag control of the control of th	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
certificate be exe physician and c hen please rema naval, and in any		
ase use	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address
ical Sic	, V	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, pa, or unknown) (If yes give war or dates of service)  225-26-0715 Mrs Catherine Coleman 23 2112 182 2011
ave ave	12	THE SECOND SECON
em The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART : DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARCINOMA OF STOMACH.
and in the seath		PART! DEATH WAS CAUSE (a) CARCINOMA OF STOMACH.
atte em in,		DUE TO, OR AS A CONSEQUENCE OF WITH PULMONARY.
the the attitude of the state o		Conditions, if only, which gave
n. n. yy t ans		rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
50 등 등 호로		lost.
hys gne grid		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
g g g g g g g g g g g g g g g g g g g		The sound of the state of the s
the din	NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
e lo ten ten ten tas bas as	CERTIFICATION	CALUFF OF DEPTH
두 등 뜻 왕 표	RT	· GOVCINGNA OF STOWERS IN
ar dear dear		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  OR CONTRIBUTING 2 CAUSE OF DEATH HOUR A.M. Month Day Year
日報道を表	MEDICAL	(If either, natify medical examiner) P.M. 19
has has the	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 23f LOCATION Street or R.F.D. No. City or Town County State While Not while
De this		
NG fer fer totil		22a. I certify that (I) (this haspital) attended the deceased fram 19 , 19 , ta saw the deceased alive an 19 , and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated abave, (I) (we) (aid) (did not) view the body after death.
AP AF AP		saw the deceased alive an
E g g g a		
A start of the sta		226 SAGNATURE 220 DATE SIGNED
o 3 Seed of Se		Cines W. Seiter DEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D July S. 968
A A A A A A A A A A A A A A A A A A A		22d. PHYSICIAN'S 22e. ADDRESS
E		NAME (Type) Ernest W. Sciter M.D. Rising Sun. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplets filled by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remane carbon papers. Pages should be filed with the Statil Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after	23a	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State)
- 0 P P P P P P P P P P P P P P P P P P	10	REMOVAL (Specify) 7/9/68 Wilkerson Memorial Petersburg Va
	24	FUNERAL DIRECTOR 250 REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	نعر اعر	Coner Eballock Havre de Stale, ma III 11 1968 (Charles Vince)
	4	William Cho I I wood I will the



MARYLAND STATE DEPARTMENT OF HEALTH



1			ND STATE DEPARTMENT OF H		
	TOPPS .		, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARTLAND 21201	10074
	DECEASED-NAME First		Last	2a. DATE OF DEATH	2b, HOUR
	(Type or print) LO1	UIS NMI	GREEN	Month 7 Day	
3.		4 RACE	S DATE OF BIRTH	6. AGE (In years	1F UNDER 1 YEAR
П	Male	Negro	9-28-87	last birthday) 80 YRS.	MONTHS DAYS HOURS MAN.
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	HINKKIED THE LEK HINKKIED	9. COUNTY OF DEATH	
L	Maryland	USA	WIDOWED DIVORCED	Cecil	Md.
	CITY OR TOWN OF DEATH Perry Point	11. NAME OF HOSPITAL OR II give street address) Veterans	ISTITUTION (If not in haspital 12a. USUA during m	L OCCUPATION (Kind of work dane at af working life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
130 ad	. USUAL RESIDENCE (Where deced nissian) STATE Marylan	and bred the attention became before	- 3c. CITY OR TOWN 13d. INSIDE CITY EIA		
-		a KALT-MORE	DOZ CIMOT C PT	- 1020 DI did.	
119		Middle Last	en (D) Kat		Dorsey (I
IA	Joshue L WAS DECEASED EVER IN U.S. AR			L1.C	Dorsey (1
100	Yes no or unknown) I (If was give	war or dates of service)  I W I 214-14-1		Records, Perry	Point, Md.
=		an y ane cause per line far (a), (b), and (c			APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSI	SED BY Bronchonne	monia, confluent of	'all lobes	10 days
	1/7/	DUE TO, OR AS A CONSEQUENCE OF			TO days
	Canditions, if any, which gave	Bronchoger	nic carcinoma of lef	t upper lobe of	3 months
1	rise to immediate cause (a), stating the underlying cause	(D)		lung	3 110110115
П	last	(c)			
П	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
2					
La Sala	19g. DATE OF OPERATION 19b	b. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
CEPTIFICATION			YES X NO		
				nature of injury in Port 1 or Part 2,	Item 18.)
MEDICAL	(If either, notify medical exam	niner) P.M.	19		
×	While Not while	e PLACE OF INJURY ( AT HOME, FARM, STREET, E OFFICE BUILDING, ETC.	ACTORY ) 21f. LOCATION Street at R.F.D. No.	City or Town	County State
	at work at work at	15 1 - 24 15 - 4 5 - 4	16 Mars 1 10 1	67 to 1919 13 to	68 454 (0 / 2)
	ZZa. I certify that (IX(t)	this haspital) attended the decea	sed fram May 1 , 19 ( Reserved and that in (my) (aur) apir	nian death accurred on the do	the and hour and from the
	causes stated abov	ve, (I)/(we) (did) (did nat) view the	body after death.	man south accurred the file ac	no and naor and namine
	22b SIGNATURE	LOUGH.	ATTENDING M		DATE SIGNED
	2	(100)	DEGREE PHYS DI	RECTOR PHYS.	7 13 68
	22d. PHYSICIAN'S NAME (Type)	S. GOLDGRADEN M.D.	22e. ADDRESS	ry Point, Md.	
22	BUR AL (REMATION / 23b.	DATE 234. NAME O	CEMETERY OR CREMATORY	23d 10CATION (City or Town)	(Caunty) (State)
13	REMOVAL (Specify)	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	JOY	UNIONTOWN	My (mine)
2/	FLNERAY DIRECTOR	A DI ADDRES	S 2Sa. REC'D B)	REGISTRAR 25b. REGISTRAR'S	
K	UND THE MAN	TZIER FUNERAL HOME	UNION BRIDGE 11 1	6 1968 School	es Judge
=			NID a		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil Maryland Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town; Rural-Middletewn Middletewn, Del. Rural Del. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS D. IS RESIDENCE ON A FARM? YES X ND letely Day 3. NAME OF Last DATE Month Year Middle 4. DECEASED Hall. C. July 27 19 68 Katie DEATH (Type or print) 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours any Jan 25. Female 81 1887 WIDOWED X DIVORCED ( ALT. 1Da. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY þ U.S.A. Delaware House work certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lydia Ceffin 20 John Grace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address atten (Yes, no, or unkown) (If yes give war or dates of service) death 10 Charles Hall - Warwick, Md. transit perm cremation, INTERVAL BETWEEN ONSET AND DEATH WOCK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] signed by urial-transil PART I. DEATH WAS CAUSED BY: Cerebral Vascular accident IMMEDIATE CAUSE (a) burial-burial, DUE TO Generalized Arteriosclerosis vears Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. certificate has NO WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (N PART 1(a) for use Health CERTIFICATI YES NO X this certefacted for 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. Not While at work at work p.m. 7/26 19 68 that (i) (we) last 21. I certify that (i) (this hospital) attended the deceased from. to DIRECTOR: /26/68 \_M. from the causes and on the date stated above. saw the deceased alive on A and that death occurred at\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M:D. FUNERAL I E E PHYSIC AN'S Mindletown, Delaware director, p L. Hoch Harry NAME (Type) (S Broad Street) 23d. LOCATION (City, town or county) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23c. Burial (Specify) Del. Barratt's Chapel Frederica 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64



To Deceased-Name (Type or print)  I Deceased-Name (Type or print)  B. Howley  3. SEX  4 RACE  5. DATE OF BIRTH  6 ACE (If years lost birthday)  70. BIRTHPLACE (Stote or foreign country)  70. BIRTHPLACE (Stote or foreign country)  8. MARRIED N NEVER MARRIED  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)	UNDER TYTAR S JUDGER 24 HRS WHS DAYS HOURS MIN  Md.  12b KIND OF BUSINESS OR NDUSTRY  LOST  APPROXIMATE INVERVAL BETWEEN ONST AND DEATH
(Type or print)    Continue	INDER LYEAR F JAIDER 24 HRS WHIS DAYS HOURS MIN  Md.  12b KIND OF BUSINESS OR INDUSTRY  LGST  APPROXIMATE INVERVAL BETWEEN OWSET AND DEATH
Too. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not an hospital during most of work and not give street address)   120. USUAL OCCUPATION (Kind of work done during most of work in give street address)   13c. CITY OR TOWN   13d. INSDECTIFY LIMITS   13d. STREET AND NUMBER   13b. COUNTY   13d. INSDECTIFY LIMITS	Md.  26 KIND OF BUSINESS OR INDUSTRY  Lost  APPROXIMATE INVERVAL BETWEEN OWSET AND DEATH
The country	Last  Coore  APPROXIMATE INVERVAL BETWEEN OWET AND DEATH
130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lacetry or Town of Death lab County lab Count	Last  Coore  APPROXIMATE INVERVAL BETWEEN OWET AND DEATH
14 FATHER'S NAME First Middle Lost Summer Betty  160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service)  18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost  18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))  DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF conditions, if only, which gove rise to immediate cause (o), stating the underlying couse lost  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d)	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
Yes, no, or unknown)  If yes give war or dates of service)  Its. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (o).  stoting the underlying couse lost  Virginia and course of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Virginia and course of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Virginia and course of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post of service)  Unknown  James H. Hawley, Post Deposit, Mo  Example of the post o	BETWEEN ONSET AND DEATH
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190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED. (Fater nature of injury in Part 1 or Part 2.) Item	DERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item of Contributing Cause of Death Hour A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.E.D. No. City or Town.	1B.)
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Columbia of work	ounty State
220. I certify that (I) (this hospital) attended the deceased fram 201, 194, ta 7, 196, saw the deceased olive on 196, and that in (my) (our) opinion death occurred on the date of courses stated above, (I) (we) (did) (did nat) view the body ofter death.	ক্র, that (i) (we) lost ond hour and from the
22b SIGNATURE  DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIREC	SIGNED
22d. PHYSICIAN'S NAME (Type) G. H. Richards In. 100 Port deposit, 10d.	
	County) (State)
24 FUNERAL DIRECTOR 256 REGISTRAR SIGN Lee A. Patterson & Son, Pennelle Mys. DMUL 18 1968 Clorles	oil.

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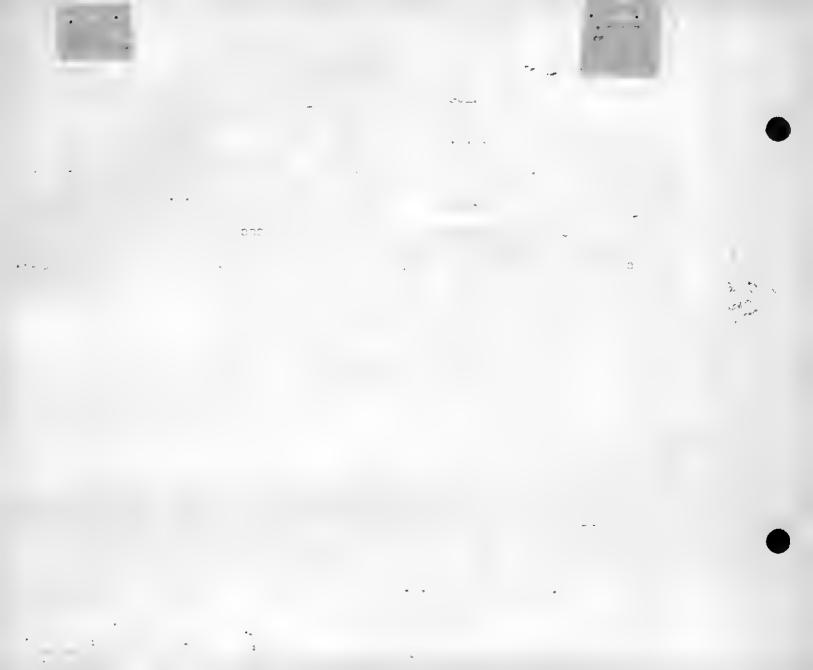
WAKATAND ZIVIF DFAVKIWENI OF HFVTIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Lost 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR he funeral ges 1 and 2 after death. 24 hours after death Month 21 1968 (Type or print) Doy Helen Hopkins Elizabeth 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdoy) AVAIL CAYS 1/8/1910 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED (Ountry)Delaware U.S.A. WIDOWED IX DIVORCED [ Cecil County 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done and in any event, withir 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within remave carbon p gwe street oddress) during most of working life, even if retired) HOUSTRY Works Ell:ton Assembly Line 138 STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. WSHOE CITY LIMITS? 13b COUNTY, 134 West High Street Elkton YES FA NO IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost Bratton John Brown Sara 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) Lary Ann Hopkins (Daughter) Same гетоуч APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cerebral Vascular Accident b-Days burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) 6-Lonths Carcinoma of Breast with Metastasis burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. OF UNERAL DIRECTOR: After this certificate has been signed by signed by stoting the underlying couse( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) with the State Dept. of Health priar ta for use as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO X 216. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this his price) attended the deceased from 7/20/, 1900, ta sow the deceased alive an 1900 and that in (mv) (SUR) apinion deal 7/21/ 1900 19 68 and that in (my) [600] apinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 22/68 director, page 3 should be filed v DEGREE PHYSCIANS James Johnson M.D. East HighSt., Elkton Cevil Md. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23b. DATE (County) (Stote) BUTLELL (Specify) 1968 All Saints (emetery Kirkwod Hwy New Castles Del 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Milarles Elkton, Mal DATE UL 24 1968 30M REV. 1/68



_ 1 1	DIVISION OF V	MARYLAND STATE D			
FOR STATE		ITAL RECORDS, 301 W. PRES ΛΕDICAL EXAMINER'S			1078
HEALTH DEPT.	1 DECEASED-NAME First	Middle	Last	2a DATE KNOWNE	Month Day Year 25 HOUR
	(Type or Print)  JAY	L.		OF ESTI-	7-14 1968 3:42
ny delay is 2 and 3 ta		TE OF BIRTH 6 AGE ( n y	OGIS	INDER 24 HRS 2c. DATE PRONOUNC	ED DEAD 2d HOUR
and de de	Male White Ma	r. 16,1946 x 202	2RS MONTHS DAYS HOU	RS MMI. Menth	Doy 14 Year 1968 3:42M
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deoth ve Poges y with for the State	TO. CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL OR INSTITE		2a LSJAL OCCUPATION (Kind of v dying most of working life, even i	
ir de ive g w	Elkton	give street address) Hospit	a1  /	<u> rechanicai (r</u>	igineer
This certificate shauld be executed within 24 hours after death cote, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farworded to the Chief Medical Examiner staffice along with form be used as a burial-transit permit. File pages and with the State Deat remayal, and in any event within 72 habits after death	13a LSUAL RESIDENCE (Where deceosed lived odm ssion) STATE Md 136 (	G-1NTY		I NO	mer den Rd. Apt. 2-L
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thin 24 miner's pages habits	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes give war or dates	of service) .6b. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS / C
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wr. Drwc Dsec may	190 DATE OF OPERAT ON  210 EXTERNAL CAUSE WAS 216	196 CONDITION FOR WHICH WAS PERFORMED?	OPERATION		2D. AUTOPSY?
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bical Examiner: This certificate shauld be executed within 2 se execute the certificate, writing the ward "pending" in pentil in star. Page 4 shauld be farworded to the Chief Medical Examiner ned for your files  ECTOR: Page 3 shauld be used as a burial-transit permit. File pages is burial, cremation, ar remayal, and in any event within 72 habs:	PRIMARY OR CONTRIBLT NG B:	TIME OF IN. JRY Month, Day, Year 15 P.M 7-14 19 68	Driver of mo	D (Enter nature of rajury in Part 1 otorcycle—fixed	object collision
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no DEPUT DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S Charles S	. Springate, M.D	•	Street, city, town, or county)	-MILY 1.7; 1.700
10 I ned the the 5 I Hee	230 BURIAL, CREMATION, 23b DATE REMOVAL (Specify) 7/1	8/68 Parkwoo	tery or crematory  d (emetery	23d. LOCATION (City of To	own) (County) (State) more, Md.
para	24. FUNERAL DIRECTOR	ADDRESS	. 12Sa.	Annual Control of the	Property Manufactor
VR A15ME (5)	Leonard J. Ruck,	Inc.Balto.Md	. 21214 DATE	TALT P 1900	and and



MAKILAND SIAIE DEPAKIMENI OF NEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. (Type or print) Month Jewell JACKSON be executed within 24 haurs after 6. AGE (In years last birthday) 3. SEX 4 RACE S DATE OF BIRTH F JNDER 1 YEAR White Male ZHTINDIA DAYS MOURES 6-12-00 signed by the attending physician and campletely filled in by the burial-transit permit. They please remove carbon papers. Pagaburial, cremation, ar removot-and in any event, within 72 hours a YRS 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Cecil U.S.A. WIDOWED | DIVORCED [ Cherry Hill 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR INDUSTRY Painting give street oddress) during most of working life, even if retired.) Perry Point, Md. Hospital 130 USUA, RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 136 INSIDE CTY LIMITS? 130. STREET AND NUMBER 13b COUNTY Cecil YES 🗔 P.O. Box 374 NO T aryland Perryville 14. FATHER'S NAME Eirst Middle IS MOTHER'S MAIDEN NAME First Middle Harry Jackson (Deceased) Laura Hess (Deceased 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) It yes give war or dates of service) 118-05-27-11 VA Hospital Records - Perry Point, Maryland APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: CAUSED BY: Mephrosclerosis w/uremia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (b) Arteriosclerotic heart disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (c) Pulmonary emphysema PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO FOX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at work 220 I certify that (to this haspital) attended the deceased from 7-18-00, 19, to 7 23 66, 19 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF 7 24 68 **DEGREE** PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VA Hospital - Perry Point, Maryland S. GOLDGRABEN. M.D. 230. BURIA, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b. DATE (County) (Stote) Oxford Cemetery Oxford, Penna. **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68 DATEAUG 2 FUNERAL HOME - Perryville, Md.



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mg mg L.	L	NAME (Type) A. L	. MOONEY, M.B	•			al - Perry Poir	rt, Md.
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, poge 3 should be filed	23o	BUR AL, CREMATION, 23b 0	ATE 23c	NAME OF CEM	ETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
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VR A15 [4]	24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY REGI	STRAR 256 REG STRAR S SI	GNATURE
30M REV 1/68		EDWARD R. BELL	FUNERAL HOME	- Wiln	nington Del.	DATEUL 16	1968 School	y Judge



MAKTLAND SIAIE DEPAKTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Month July William Johnson S DATE OF BIRTH IF JNOER 1 YEAR 4. RACE 6. AGE (In years 3 SEX Jast birthday) remave corbon popers. Pages in ony event, within 72 hours aft Colored Male 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED PE NEVER MARRIED requires that the deoth certificate be executed within 24 har Cecil Co. Md. DIVORCED [ WIDOWED [ ] Maryland Md NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS DR give street oddress)
Rising during most of working life, even if refired) INDUSTRY Farm 13a. USJA, RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER admission) STATE 13b. COUNTY R.F.D. Cecil NO-Rising Sun 14. FATHER'S NAME Middle Middle Lost IS MOTHER'S MAIDEN NAME First Martha Webster Monrae Johnson 160. WAS DECFASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) William Johnson Rising be detached for use os the buriol-tronsit permit. Then State Dept. of Health prior to buriol, cremation, or remova 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSETANO CEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Canditians, if any, which gave ) rise to immediate cause (a). stating the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF JEATH? TO FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING (Enter nature of injury in Part 1 or Beft 2, Item 18.) 21b. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. - Month - Day Year OR CONTRIBUTING CAUSE OF CEATH (If either, nat.fy medical examiner) 21e PLACE OF INJURY ( AT HOME FARM, STREET FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING, ETC While Not while 220. I certify that (IT (this haspital) attended the deceased from an 2 19 and that in (my) (our) opinion death accurred on the date and haur and from the (we) (did) (did not) view the body ofter death. saw the deceased alive an director, page 3 should should be filed with the causes stated above. (1) 22c. DATE SIGNED DIRECTOR PHYS. 22d. PHYS CIAN S NAME (Type) Seite 23d LOCATION (City or Town) 236. DATE NAME OF CEMETERY OR CREMATORY (County) (State) 230 BUR AL, CREMATION REMOVAL (Specify) 27-1968 Near Rising Sun VR A15 [4] 30M REV. 1/68



2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 43
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	52
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN 7 Month Day	Yeor 2b. HOUR
Z, and 3 ta PM3. Page	(Type or Print) FRANCIS COURTNEY KEEN OF ESTI- DEATH MATED X 7 21	1968 M
Paga y	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years if Under 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR 5:30
유 등 등 ( <b>출시</b> )	Male White 3-14-52 lest birthday) MONTHS ONYS HOURS MMN. Month Day Yes	or 19 68 P M
Page Page Page Page Page Page Page Page	TO BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH	· 001 2
	Penna. USA WIDOWED DIVORCED Cecil.	Md
age age h fa	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b Kft)	ND OF BUSINESS OR
der with	Chesapeake City   give street oddress)   Moods near Colora, Md.   during most of working life, even if retired.   INDUSTA	ξY
after death  8. Give Pages 1, 2 along with farm with the State Dep	130 USUAL RES DENCE (Where deceased lived, funstitution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s after 18. Giv along 2 with death.	odmiss on) STATE Pa. 136 COUNTY Paoli YES NO 241 Orchard Road	
hours after death (1 tem 18. Give Pages 1, Office along with farm 1 ond 2 with the State De after death.	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	Francis D. Keen Marcia News	ome
	160 WAS DECEASED EVER N S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
Examin Fxomin File page 7.72 have	(Yes, na, ar unknown) (If yes give war or dates of service) Francis D. Keen Same	
7=	18 CAUSE OF DEATH (Fater only one rouse per line for (a) (b) and (c))	APPROXIMATÉ INTERVAL TWEEN ONSET AND DEATH
rmin with	PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) Cyanide Poisoning	
be execut "pending" hief Medic ansit permi	DUE TO, OR AS A CONSEQUENCE OF	
pe inef insi	Conditions, if any, which gave (b)	
auld I vard he Ch al tra	rise to immediate couse (a). (b) stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
shauld be execute ne ward "pending" ta the Chief Medica burial transit permit	lost. (c)	
NER: This certificate shauld be execute certificate, writing the ward "pending" should be farwarded to the Chief Medicy files.  3 shauld be used as a burial transit permi atian, ar remaval, and in any event with	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficate ting th rded t as a as	27/x	
ns certific te, writin farwards te used as	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	D. AUTOPSY?
INER: This certificate, writh should be farwar files. 3 should be used. 3 should be used affan, ar remayar.	<u> </u>	YES 🔀 NO 🗌
海山 聖 9	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B) PRIMARY OR CONTRIBUTING HOUR A M.	
NER: e cert shoull files. 3 shat atian	S CAUSE OF DEATH PM /-20 19 68   Took cyanide	
		ty State
DEPUTY SICAL EXAMINER: scessary, please execute the certific funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should earth prior to burial, cremation.	while Not while Not while Woods woods Near Colora, Cec	il Md.
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y, please rad directo be retained the prior to b	CHIEF MEDICAL EXAMINER	
AL AL	ACTUAL SIGNATURE WESSIGNED 226. DATE SIGNED	
PUI Sarr Sarr V b	EXAMINER'S DEPUTY MEDICAL EXAMINER July 22	, 1968
necessary, the funera 5 may be for Funera 10 F	NAME (Type) Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county)	
5 c = ~ 5 =	230 BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County REMOVAL (Specify)	, ,
	Burial 7-25-68 St. Peters in Great Valley Poli	Pa.
VR A15ME [5]	H.W. Jenkins & Sons Co. 4905 York Rd., Balt 250 REGISTRAR	and the
10M REV 1/68	DANY TO THE TOTAL OF THE PARTY	9

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10083 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. death and (Type or print) Month Stella Kiloski Jul after 3 SEX 4 RACE S DATE OF BIRTH F JNOER I YEAR IF UNDER 24 HRS 6 AGE (In years lost birthdoy) CHAYS HOURS White July 23 1884 Female requires that the death certificate be executed within 24 haurs 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TT NEVER MARRIED country) c U.S.A. DIVORCED [ WIDOWED K Cecil Ukrain 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY pou Elkt on Union Hospital 130 USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY JUMITS? 13e STREET AND NUMBER 13P COUNTY IJ Elkton YES! NO-R.D. 14, FATHER S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost or remaval, and in Nicholas Hladio Unknown 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT "Address Yes, no\_or unknown) (If yes give war or dates of service) 222-03-9980-D Michael Kiloski. Tikton APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) cremation. DUE TO, OR AS A CONSEQUENCE OF Conditions if only, which gove **burial-transit** nse to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES 🖂 for use of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work causes stated abave, (1) (we) (aux) (blid not) New the bady after death. 22b. SIGNATURE 22c. DATE/SIGNED STAFF DEGREE PHYS. DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S Lanzi Joseph G. Elkton Medical Elkton Park director, 23d.-LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION <(County) (Stote) Gracelawn Memorial Wilmington Park 24. FUNERAL DIRECTOR VR A15 (4) Md. 30M REV. 1/68 Elkton. runerals.



1/1	1	DIVISION		ITE DEPARTMENT OF HEAL' . PRESTON STREET, BALTIMORE		
FOR STATE		3528 <b>3</b>		IER'S CERTIFICATE OF D	·	0084
MEALTH DEPT.		ECEASED-NAME First		Lost		
3 to is	(	Type or Print) SO]	LOMON	KING	DEATH MATED TULY	1 5 + 7 1 1
P 230	3 5	EX 4 RACE		AGE (in years IF UNDER 1 YEAR IF UND last buthday) MONTHS DAYS HOURS	DER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
2, and 3 PM3 P		Male Negro	June 4,1937	31 YRS.	Month Doy	Yeor 1968 P. M
	7o.		76. CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	· I	
form form	Ĺ	Tenn.	U.S.A.	WIDOWED DIVORCED		Md
This certificate should be executed within 24 hours ofter death ciate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 be forwarded to the Chief Medical Examiner's Office along with farm 1 be used as a burial-transit perfet. The pages 1 and 2 with the State Depart removal, and in any event within 72 Mours after death.	10. (	Elkton	give street oddress)	R INSTITUTION (If not in hospital duri	. USUAL OCCUPATION (Kind of work done ing most of working life, even if retired).  Preignt Inspe <b>sco</b> r	126 KIND OF BUSINESS OR INDUSTRY
Give Give ong th tl		USUAL RESIDENCE (Where deceos	Union Ho	ore 13c. CITY OR TOWN 13d. INSIDE CI	TY SIM TS? 13e STREET AND NUMBER	<u></u>
s of 18. e ole 2 wi	٥	dmission) STATE Del.	136 COUNTY	Newark YES 🗆	NO □ 400 Wolloston	Ave. Apt. D-3
hours often Item 18. Gi Office olong I and 2 with after death.	14. F	ATHER'S NAME First	Middle Lo		***************************************	Lost
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within 24 pencil in caminer's nespages 72 Mours	1 4	WAS DECEASED EVER IN U.S. ARMED F (es, no, or unknown) 4 yessee	FORCES? 16b. SOCIAL SECURIT		ng-400 Wolloston	Ave. Nwk.
d d d	┝╬				16 400 1102220000	APPROXIMATE INTERVAL
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rtiffic ritin rardi val,	NOI	190 DATE OF OPERATION	106 CONDITION TO	R WHICH OPERATION		ZO. AUTOPSY?
s cell forw forw	FICAT	7-22-68	WAS PERFORM			YES [X] NO
Thir icoto be d be or ro	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month, Day, 1		(Enter nature of injury in Part 1 or Part 2, Ite	
CAL EXAMINER: This certificate should be execute execute the certificate, writing the word "pending far. Page 4 should be forwarded to the Chief Medical of for your files.  CTOR: Page 3 shauld be used as a burial-tronsit perfet burial, cremotion, or removal, and in any event with	MEDICAL	PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH			to-auto collision	
bical Examiner: se execute the cert scar. Page 4 should ned for your files. ECTOR: Page 3 shau burial, cremotion,	ME		PLACE OF INJURY (At home, form, stree ctory, office building, etc.)	t, 21f LOCAT ON Street or R.F.D. !	No (Ity or Town intersection	County State
XAN the 1 ge 4 your crei		AT WORK AT WORK S	Highway	of exit from	IFK Highway C	ecil Md.
Xect Xect For for OR: I		22o. I certify that I to		ibed obove, held on Autopsy 🔀		ond in my opinion
Se e contrar ned med bu		deoth resulted from:	Noturol couses , Accid	ent 😿 , Suicide 🔝 Homid	cide 🔲 . Undetermined monner (	
Try Black  y, please and direct direct con retaine prior to be prior to be		ACTUAL 100 M.O.	1. 5.2		AL EXAMINER	
ITY TY, TY, be related be related		SIGNATURE (LUCY)	N-(MS		EDICAL EXAMINER 🔀 226 DATES  CAL EXAMINER 🗍 Jul	y 23, 1968
O DEPUTY BICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) 1.70	rner W. Spitz, M.		eet, city, town, or county)	,,
the Fee		BUR AL CREMATION, 236		OF CEMETERY OR CREMATORY		(County) (State)
		Burial'y 7			Park, Wilrington	,Del.
NO 43545 (5)	24	FUNERAL DIRECTOR	0		CD BY REGISTRAR 256 REGISTRAR'S S	
VR A15ME (5) 10M REV. 1768		alux. Ber	1- 909 Popla	r St., Wilm. L MIE	IUL 26 1968 Jelian	cas judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 2a. DATE OF DEATH Page 4 may be retained by the haspital ar attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefall director, mage 3 shauld be detached far use as the bural-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death (Type or print) Rudolf Kist 4. RACE S DATE OF BIRTH 3 SEX 6. AGE (in years IE UNDER & YEAR last byrthday) CIAYS HOURS Jan. 28, 1884 Male White 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 1 NEVER MARRIED (Germany requires that the death certificate be executed within 24 has DIVORCED | USA WIDOWED Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not 'n haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Union during most of working life, even if ret.red.)
Boiler Fireman Food Canning Hospital Elkton 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c CITY OR TOWN 13d UNSIDE CITY HIMITS? 13e STREET AND NUMBER 13b, COUNTY NO J YES 🗀 Cecil 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Louie Kist Unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address R.D. 5 Yes, na, ar unknown) NO I (It was give war or dates of service) 222-05-2077 D. Kist Mary Elkton, Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MASSIVE PLOURING CFFUSION LEFT LUII C. DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) PNEUMONIA rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO 🕞 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Tawn County While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 1966, 19, to Passar, 19, that (I) (va) lost sow the deceased alive and Tody 1965, and that in (my) (and approximately approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and that in (my) (and approximately 1966) approximately 1966, and appro 226 SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Elkton Medical Park, Elkton, Md. Robert L. Gray 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION, 23b DATE Burial (Specify) Cecil Md. North East Methodist North East 250. REC'D BY REGISTRAR 1968 24. FUNERAL DIRECTOR ADDRESS Box 22 VR A15 (4) 30M REV. 1/68 North East, Md. Grant Funeral



L	16633		. 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	^^86
7					
er death. funeral s 1 and 2 ter death.		W. Middle	Kline	2a. DATE OF DEATH Month Do	
the fur	3 SEX Female	4 RACE White	5 DATE OF BIRTH Oct. 1. 1892	6. AGE (in years last burthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
hours in by	70. BIRTHPLACE (Stote or foreign county)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  (ecil	
The law requires that the death certificate be executed within 24 hours after death attending physician.  has been signed by the attending eys can and campletely filled in by the funeral isse as the burial-transit permit. Then seese remave carban pages - Pages 1 and 2 th priar to burial, crematian, ar remeval, and in any event, withur 72 hourn after death	IC CITY OR TOWN OF DEATH		ISTITUTION (If not in haspital 12a. USU/	OCCUPATION (Kind of work done opt of working life, even if retired)	Md. 12b KIND OF BUSINESS OR INDUSTRY
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cate be	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECURITY	NO 17 INFORMANT	ary Address	
Then Then Then Then Then Then Then Then		r anly one cause per line for (a), (b), and (c)		Line, 115 South	APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH
e death c attending permit. The	PART 1. DEATH WAS CA	USED BY- EDIATE CAUSE (a) Artios clo  DUE TO, OR AS A CONSEQUENCE OF	rotic Heart L	156056	Years
equires that the d physician. signed by the attr burial-transit perr burial, crematian,	Canditians, if any, which ga	(b)			
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w require: Jing physia een signec the burial ir to burial	. A	CONDITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(a)	
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		DEATH HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2,	Item 18.)
PHYSICIAN: the haspital or this certificate defached for u	While [] Not while []	aminer) P.M. 1 218. PLACE OF INJURY (AT HOME, FARM, STREET, F/OFFICE BUILDING, ETC.	9 21f. LOCATION Street or R.F.D. No	. City or Town	County State
DING by th fifter t be de State	22a, I certify that (I)	(this hospital) attended the deceased alive an	ed from 19 - 19 - 19	7-255, 19	that (I) (we) last
L OR ATTENDING be retained by t DIRECTOR: After ge 3 should be of	causes stated ab	d alive anave, (I) (we) (did) (did not) view the	body after death.	220	DATE SIGNED
L OR re re DIRECTOR 3 Hilled w	22d. PHYSICIAN S	Lea J. Huns	DEGREE ATTENDING PHYS  122e. ADDRESS	RED. STAFF PHYS.	7-26-68
TO HOSPITAL OR ATTENIE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	NAME (Type)	man D. Johnso	n 4.D 1235;	nserly thes.	El Aton
TO HOSP Page 4 1 TO FUNER director, shauld	BEMOVAL (Specify)		ton (emetery or crematory	23d LOCATION (City or Town)  Elkton	(County) (State)
VR A15 (4) 30M REV 1/56	24 FUNERAL DIRECTOR PIPPIN FUNERAL	HOME No all 1825	Elkton Madate	L 2 9 1968 FEEL 2	SIGNATURE Judge

MARYLAND STATE DEPARTMENT OF HEALTH





3/		1			D STATE DEPARTMENT		
01	_		8888			, BALTIMORE, MARYLAND 21201	1000
- /	-		61004		ERTIFICATE OF DE	ATH	17088
	년 _ 7년	1.	DECEASED-NAME First	M.ddle	last	2a. DATE OF DEATH	2b. HOURT
	y the funeral		(Type or pnnt) Davi	d Reed	Mahonev	July 28	3. 1968 11:30
	in the second	3.	SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR OF JINDER 24 HRS
	# # # # # # # # # # # # # # # # # # #		Male	White	May 28.	1897   last birthday) YRS.	MONTHS DAYS HOURS MIN
5.00	- FE	70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED		
	ars by	C	"aryland	U.S.A.	WIDOWED DIVORCED	LI .	Md
			CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INC	TOUTION (If not in baseital 1)	12a, USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	cecuted within 2. campletely filled laye carban pape ovent; within 7.	<i>;</i>   "	Elkton	give street address) Union Hos	n:+n?	during mast of working life, even if retired) Penna。 Re	INDUSTRY
	ed with	/ 13	a ITSUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	Ti3c CITY OR TOWN 13d II	MSIDE CITY DIMITS? 13e. STREET AND NUMBER	3 TITI-ONG
	mpl mpl mpl mpl	7 00	mission) SIAIE	13b. COUNTY Cecil	North East YES		
			FATHER'S NAME First	Middle Last	IS. MOTHER S MAIDEN		Lost
	e   3 e	1 -	Reed	Mahone	177	Alice	Donough
	and	: h	O WAS DECEASED EVER IN U.S. ARA	NED FORCES? 16b. SOCIAL SECURITY I		Address }	
	physici physici en plet aval, a		Yes, no. ar unknown) (If yes give v	ar or dates of service)	Mrs. Bla	inche Mahoney, Noi	rth East, Md.
	ph hen nav	. =		by more course one line for (a) (b) and (e)			APPROXIMATE INTERVAL
	iat the death cer the attending prisst permit. The		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c). NEY TE CAUSE (a)	- Vasculas	Failure	BETWEEN ONSET AND DEATH
	dea ten rmil		1/120 IMMEDIA		D 0 D 0 0 0	· · · accord	
	he al	- 1	Canditions, if any, which gave )	DUE TO, OR AS-A CONSEQUENCE OF	tion of Frid	.c/01 80.	IL don't
	t to th mart		rise ta immediate cause (a),	(b) dess. veu	mewas I accu	il Trulminary Colle	may Tunys
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Page 4 may be retained by the haspital or attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physic in ead campletely filled director, page 3 should be detached for use as the burial-transit permit. Then plede remaye carbon pages, should be filled with the State Dept of Health prior to burial, cremation, ar remayal, and remayer event; within it		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	tension of 1-	f. C. V. D.	years
	hysi gne urio		PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT N	OT-RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1(a)	BronaMI
	req ng p sin si en si ta br		Dallesman	. 0 1 1 4- 11	1/1/24 4.1	ing of Esophagus - A.S.	H.D. artherioseterose
	law ber s #		19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
	The office of the has seed the period of the	21			YES	NO PY CAUSES OF DEATH?	
	or or after ur		210. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURR	ED (Enter nature of injury in Part 1 or Part 2,	, Item 1B.)
	September 1		or contributing Cause of DEA:	H HOUR A.M. Month Day Year P.M 19	,		
	rasp cer chec	1	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FAI	TORY.) 21f. LOCATION Street or	R.F.D No City or Town	Caunty State
	PH he h this leta leta	- 1	While Nat while at wark at wark				
	NG by fler ter tate	-1	22a. 1 certify that (1) (th	is haspital) attended the decease	ed from 1 - 5 -	_, 19.64, to, 19.64, to, 19.64, to, 19.64, april of the d	9.68 , that (I) (we) last
	A P G P G P G P G P G P G P G P G P G P		saw the deceased a	live on 7-25-	968, and that in (my) (i	aur) apinían death accurred an the d	late and havr and from the
	OR Soul			e, (I) (we) (did) (did not) view the	body after death.	Lan	BATE ALGUED
	retreet retree	-1	22b. SIGNATURE	CTILL. M	D DEGREE PHYS	MED STAFF	. DATE SIGNED
	DIR Seed		Mus	Certification 101			7/29/68
	TAI AI Pa	,	22d. PHYSICIAN'S NAME (TYPT) uis []	. Cuza	22e. ADDRESS	h 1	
	A r A r NER tor,	/  =			<del></del>		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to	2	Ba BURIAL, (REMATION, 23b REMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City-or Town)	(County) * (State)
	5 5 W	L	REMOVAL (Specify)	/29/68. Unior	Cemetery	REC'D BY REGISTRAR 256. REGISTRAR	
	VR A15 (6)	2	4 FUNERAL DIRECTOR	- NIAKAI			3 SIGNATURE
	30M REV WG	Ĺ	Hicks Home f	or Tunerals, Nor	en East, Mqo	#JUL 3 1 1968 <i>pcl</i>	mes judge



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7		09894	DIAIZIO	N OF VITAL RECORDS,	BRTIFICA			E, MARYLAND 21:	201	^89	
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death and and death death			eorge		1	vcGee		DATE OF DEATH  July	12° 198		HOUR OOA
fun 1 er c	3 SE	Х	4. RACE		5	DATE OF BI	RTH	6 AGE (In ve	ars IF UNDER		
s affi the ages rs aft		Male		White		Dec	ember 1	4,1907 60	YRS MONTHS	DAYS HOURS	MIN.
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requires that the death certificate be executed within 24 haurs after death g physician.  a signed by the attending physician and completely fulled in by the funeral e burial-transit permit. Then please 1 and 20 burial, crematian, ar remayal, and in any event, within 72 hours after death	i i	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS	nion (Hooti	n hospital OSDİ t	120 USUAL OCC	UPATION (Kind of work working life, even if re TM MANAGE	tired ) INDU	(IND OF BUSINESS STRY arming	OR
d w lete arb	13a	USUAL RESIDENCE (Where decease	d lived, if i	institution Residence before	13c CITY OR TO	WN	136. INSIDE CITY LIM TS?	13e. STREET AND NUM	BER	II IIIIII	_
oute of the contract of the co	admı	Maryland	13b. COL	Decil Cecil	Fair V		YES NO X	Elkton.	Md RD#	<sup>‡</sup> 3	
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ie death certificate attending physician permit. Then plea an, ar remaval, an	16a Y	was deceased ever in u.s. arm es, no, ocunknown) (11 yes give wi	ED FORCES? ar or dates of ser	vice) 16b SOCIAL SECURITY N 222-12-1	0 17 INFO	rmant rs.Ma	ary C.Mc		on, Md.	, RD#	3 _
ng p		1B. CAUSE OF DEATH (Enter onl	y ane cause	per line far (a), (b), and (c))					В	APPROXIMATE INTERV	/AL DEATH
eath indii nit. ar re	Н	PART 1. DEATH WAS CAUSED IMMEDIA	i by Te cause (0)	Myocar	-dial	In	Farctio	4		1 hos	ノヒ
e di atte		4/27		, OR AS A CONSEQUENCE OF							
t the sit		Conditions, if any, which gave rise to immediate cause (a),	(b	Arteri	oscler	otic	Caro	nary Th	combasis	SVY	5
tha an. by tran crer		stating the underlying cause	DUE TO	O, OR AS A CONSEQUENCE OF		, ,					
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requires that the physician. signed by the c burial-transit p burial, crematia		PART 2 OTHER SIGNIFICANT CON	DITIONS COL	,					•		
ding ding seen the ar to	¥0!	19a. DATE OF OPERATION 19b. (	1576	Ized and		ebra		eriosci			
The Identification of the Identification of the Identification of	CERTIFICATION	170. DATE OF OPERATION 1795. (	UNDITION F	OR WHICH OPERATION WAS PER	TUKMED	20o AUTO	NOTE	206 IF YES, WERE FINI CAUSES OF DEATH?	DINGS (UNSIDERE	U IN CEKTIFTING	,
N: N: ar ar are are early		21a. ACCIDENT WAS UNDERLYIN		IME OF INJURY	21c. HOW	INJURY OCC		e of injury in Part I ar	Part 2, Item 1B)		
COA Stalled STALLED	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR	A.M. Month Doy Yeor P.M. 19							
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia director, page 3 shauld be detached for use as the burial-transit permit. Then plea shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, an		21d INJURY OCCURRED 21e. White Not white at wark	PLACE OF IN	JURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCAT	TION Stree	t or R.F.D. Na.	City ar Town	Count	f Si	itote
NG Ny th rer t tate			s hospital	) attended the decease	d from		. 19.64.	to 7-12	19.60	that (I) (w	A) lost
NDI Se Si		saw the deceased al	ive on	7-//_	and t	hat in (m	y) <del>(our) o</del> pinion	deoth occurred on	the dote and	hour and fro	m the
TIE aine have have have have have have have hav		couses stated above	, (I) ( <del>vvc)</del>	( <del>did)</del> (did not) view the l	oady after dec	oth.					
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Per Per Per Per Per Per Per Per Per Per		22d PHYSICIAN S	ufo	ra gogo	DEGREE	PHYS 22e. ADDI	-	K I PHYS. I	/-/.	2-60	
may RAI		NAME (Type) Willi	i <b>g</b> ord	Eppes MD		110. ADD		k, Delawar	re		
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TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	I		115/6		of Ch		ian <b>a</b>	Newark	,	Dela	
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	<u> </u>			0000000			Aura a F	- 100		9-0-	



_	1		MAND STATE DEPARTMENT OF REALTH	
		DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
		26222	CERTIFICATE OF DEATH	10000
± (A21a)		CEASED NAME First Middle		2b. HOUR
B (3.33	{	YPE OF PRINT) MELVIN E.	MURSON JUMONT	27 1968 9.45 M
F F F	3 \$	X 4 RACE	5. DATE OF BIRTH 6. AGE (In year	
ors afte y the f Pages ors afte		MACE WHITE	MARCH 17, 1898 (as) (Arthdox)	YRS. MONTHS DAYS HOURS MIN
by by	70	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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in 2	10.	t . I	OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work	
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ed y	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence, 13b. COUNTY		ER dele
ever teve		710	ELLITON YES NO 106 LAM	IPING CAINE
ã <b>₽</b> €	14	ATHER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME First Mid	0
ate be exercised from and control of the control of	L	KICHARD MUKO	ON LAURA	POWELL
# 15 E		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC (es, na, of unknown) ( fives give wat or dates of service)	CURITY NO 17 INFORMANT Addr	/ / 1/ 1/ 1/
at the death certificat the attending physic nsit permit. Then ple matian, or remaval, an	<u> </u>	176 216-0	1-17)6 HELEY MILLIONE EL	A FON MA
ing ing		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (	and (c).)	BETWEEN ONSET AND DEATH
end mit.	П	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	araw vascular failure	30 min
he of per jan, jan, jan, jan, jan, jan, jan, jan,	L	DUE TO, OR AS A CONSEQUEN	ICE OF CO. 15 1 1511 D	Years
the the nsit material	П	Conditions, if any, which gave use to immediate cause (a),	vry Ansugaciency - 4.3.14. V	· funs
ian.		stating the underlying couse DUE TO, OR AS A CONSEQUEN	Tousing C/ H.C. V. D.	years
equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, crematian, or remava		DANT D. OTHER SIGNIFICANT COMPLETENE CONTRIBUTION TO DEATH	BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDIJION GIVEN IN PART 1(0)	
The law requires that the death certificate be executed within 24 hours after death attending physician. The physician and completely filled in by the function se as the burial-transit permit. Then please remarke carbon papers. Pages the prior to burial, crematian, or remaval, and an any event, within 72 hours after death	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE ORCONOGISON GIVEN IN PART 1(0)	-1.
he law re trending as been as the prior to l	NO.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FIND	INGS CONSIDERED IN CERTIFYING
as the principal of the	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	THE DATE OF OPERATION	YES NO PARTY CAUSES OF DEATH?	HIOS CONSIDERED IN CERTIFICATION
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fica for He		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day	Yeor	
PHYSICIAN: his certificate trached for u	MEDICAL	(If either, notify medical examiner) P.M.  21g INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM SI	19 REET FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Town	County State
PH) his his stac Dep	П	1101 111110	FTC )	,
N A B		22a. I certify that (I) (this haspital) attended the de	eceased fram 6 - 28, 19 68, ta 1 - 2	, 1968 , that (I) (we) fast
Afr Afr	П	saw the deceased alive an $\frac{7-23}{}$	1968, and that in (my) (aur) apinian death accurred an t	he date and havr and fram the
ATTEND etained CTOR: A Shauld vith the		causes stated abave, (1) (we) (did) (did nat) view	w the bady after death.	On page closure
OR ATTENDIN OR ATTENDIN OR ETGINED by NRECTOR: After e 3 shauld be ed with the Sta	П	22b. SIGNATURE	MD DEGREE PHYS MED. STAFF DIRECTOR D STAFF D	22c. DATE SIGNED 7 - 7 9 - 68
Lo Per Per Per Per Per Per Per Per Per Per	Н	22d. PHYSICIAN'S LUIS M. CUZA, M	D DEGREE PHYS DIRECTOR PHYS DIRECTOR 22e. ADDRESS	1-21-00
RAL RAL be f		NAME (Type) 322 E. Cecil Avent	u <del>e</del>	
**CO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  **O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, cre.	230	BURIAL, CREMATION, 23b. DATE 23c NA	ME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town	) (Caunty) (State)
Page A	130	PROVALOGENTY 11/1/ 3/ 1968 F	LHTON CENETERN FLUTON	CECIC MA
	24	FUNERAL DIRECTOR AI		TRAR'S SIGNATURE
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1		25336		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	1 1091
		0,000		ERTIFICATE OF DEATH		57 A.
± -2±		CEASED-NAME First ype or print)	Middle	Lost	2a. DATE OF DEATH	2b HOUR
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fer set	3. SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR F JINDER 24 HRS.  MONTHS DAYS HOURS MIN
nours after death by the funeral pours after death	E	emale	White	Feb. 7, 18	82   lost birthday) YRS.	Morning Daily Mooks and
	7o. E		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Z (\$ [2]	1001	""Penn	U.S.A.	WIDOWED X DIVORCED	Cecil Co.	Md
within 24 hours after death ely filled in by the funeral bon pages 1 and 2 within 72 bours after death	10. C	ITY OR TOWN OF DEATH,	11. NAME OF HOSPITAL OR INS		AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
with bond with	Rj	sing Sun Md	give street address) LL6 East Ma	line St. Hous	ost of work ng life, even if retired.)	Owne Home
五 · 章 章 · 章	13o		lived, if institution Residence before			
execution only every		PKI,	Gecil Cecil	Rising Sun YEL N	°□ 116 East M	aine_St.
\$ 7 E E	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	irst Middle	Last
d si e		William	Dicks			Sloan
sicio Secio Secio		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY I		Address	,
phy svol		es, no, or unknown)   {  f yes give wor		Mrs Norman	Anderson Ris	
9 Lag		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED!	ane cause per time for (o), (b), and (c)	) .	.1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
endi mit.		IMMEDIATI	CAUSE (0)	o Vescutar	Hemauh	~ 42.
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the the		Conditions, if only, which gove a	(b) Hiter	, delenter	acheo lace	discore
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sig phu phu phu phu phu phu phu phu phu phu		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
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e le los bos prio	Ā	19a. DATE OF OPERATION 19b. CC	INDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
e he e	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	YES NO NO		Jan. 103
PAN ol o ol o for for Hec		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	21C. HOW INJURY OCCURRED (Ente	r nature of injury in Port 1 or Port 2,	nem 18.j
SICI spirt red r. of	MEDICAL	(If either, notify medical examine			Ch. as Tana	County State
PHY PHY is c tach tach		While Mot while M	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No	. City or Town	County State
the de	Ш	of work at work	hanisult assembled she decree	-d from 10 /	/ to 01. 84. 10	1 ( S. that //\ /wa\ /ad
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Sold TEN The The		causes stated obove,	(I) (we) (did) (did not) view the	body after death.	7	310 4114 11301 3114 11701 1170
A S C S S S		286 SIGNATURE	. 0 . 6	Lu.O. ATTENDING	MED. STAFF	DATE SIGNED
Ped 3		Cines	W. Seil	O DEGREE PHYS	DIRECTOR PHYS.	mly (0/967
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A P T A P T		Wheel 66 4 d 4 Park				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician bad conditions director, page 3 should be detached for use as the buriol-fronsit permit. Then please remove carbon page should be titled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within	23a	BURIAL, CREMATION, 23b, DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stotet)
5g 5b,	2:	) 23168101 16	ADDRESS	17/677	BY REGISTRAR 256. REGISTRAR	Hon Co. 1a.
VR A15 [4] 30M REV 1/68	14	EMPERAL DIRECTOR	77-1 (744-111)			S SIGNATURE
JUM KEY 1/68		101109	/////////////////////Risi	ng Sun, Md DATUL	1 5 1968 golo	Las August



7	L	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE	Γ	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1092
FOR STATE HEALTH DEPT.	1 0	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
MEALIN DEFI.		Type or Pant)	
3 to 3 to	3 5	JAMES CLARENCE OPPEL DEATH MATED 7  TEX 4 RACE S. DATE OF BIRTH 6 AGE (In years I if Under 1 Year IF Under 24 HRS 2c. DATE PRONOUNCED DEAD	14 1968 3:40.
and and		iost birthday) Months Days Hours Min Month Day	Year 2d HOUR
ny deloy is 2, and 3 to ether page		ale White April 23 1941 3 3 4 July 14  BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 7 COUNTY OF DEATH	1968 3.40
- E 5		WINDWED DIVORCED D	
ges for ote	10 (	CITY OR TOWN OF DEATHS    II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)   120. USUAL OCCUPATION (Kind of work done)   120. USUAL OCCUPATION (Ki	Md. b. KIND OF BUSINESS OR
after death 8 Give Pages along with for with the State	1	give street address) during most of working life, even if retired.) IN	DUSTRY
3 vengang	13n	Union Hospital  USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13a INSIDE CITY UM 15? 13e STREET AND NUMBER	Kalan Gorp
hours after death Item 18 Give Pages Office along with fair Land 2 with the State after death	0	odmission) STATE 13/6 COUNTY YES ON O	*
hours Item 18 Office 1 and 2 v	14. [	FATHER'S NAME First Middle Lost I'S MOTHER'S MAIDEN NAME First Middle	Lost
The off the of		Earl Geroge Oppel Jurine Alice	
not in 24 and in	16e	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17, INFORMANT ADDRESS	Lilens
within 24 hours after death n pencil in Item 18 Give Pages 1, Examiner's Office along with form Flanges I and 2 with the State Directory of the State Directory	()	Yes, no, or unknown) (If yes give wor or doles of service) 214-38-9212 Norbert W. Peters 110 S Greater	Street
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
"pending" in ite Medical Electric Field Electric Fi		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Drowning	BELAKEN CHISEL WAY DEVILY
Mec		DUE TO, OR AS A CONSEQUENCE OF	
be 'pe jief		Conditions, if any, which gove	
ol-tro		rise to immediate couse (a). (   DUE TO, OR AS A CONSEQUENCE OF	
should be execution word "pending" to the Chief Medical buriol-transit permit in may event with		(4)	
the the date of the limit of th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifica , writing orwarded essend as moval, o	No.	in the second se	
writ writ rwo rwo nov	5	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
KAMINER: This certificate should be executed to the certificate, writing the word "pending" if a should be forwarded to the Chief Medical your files.  "age 3 shmus be asad as o buriol-transit permit commation, or removal, and in may event within the commation."	CERTIFICAT		YES NO
# 4 = 0	33	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 216 HOUR WINDLEY OF INJURY Month, Day Year 217 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern	18)
INER: 1 e certific should to files. 3 shaulla ation, ol	MEDICAL	CAUSE OF DEATH 10:30M 7 14 19 68 Subject drowned	
	2	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f EOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County Stote
L EXAM Pecute th Poge 4 or your IR: Page		WHILE NOT WHILE I foctory, office building, etc.)  AT WORK AT WORK WHILE I foctory, office building, etc.)  In Northeast River off Arundel Pi	72-0
		22a. I certify that I taak charge of the remains described above, held on Autapsy x inspection , inquiry ,	and in my opinion
oined to be to be		death resulted from: Natural causes . Accident . Suicide . Hämicide . Undetermined manner	
pleose direct retoine or to b		ACTUAL SCHIEF MEDICAL EXAMINER	
ry, ple eral di be reto RAI		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	
DEPUTY DICORDICATION OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T		NAME (type)	14, 1968
O DEPUTY SICA necessary, please extre funeral director. 5 may be retained in TUNERAL PRECTURES.	230	Edward F. WIISUR. H.D.	ounty) (State)
F	200	REMOVAL (Specify)	,,
100	24	FUNERAL D RECTOR ADDRESS ZSO REC D.BY BIGGURAR CASE SE	With Under
VR A15ME (5)		THE DIPPEL BROS INC 1800-E LOMBARD STIDATE JULY 1968 TO PROCEEDS ST.	0 0



1	1	. MAKTLANU STATE DEPARTMENT OF HEALTH DIVICION OF VITAL DECORDS 201 W. DESCEND STREET DATEMORE MADVIAUD 21201
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.0	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
1 V V V V V V V V V V V V V V V V V V V	1. (	Trvin  M. ddle  Payne, Jr.  OF ESTI- DEATH MATED 7 11 1968 12 10 M.
delay is and 3 ta M3. Page rtment of	3. \$	M 4. RACE S DATE OF BIRTH 6. AGE (in years let Under 1 YEAR 1 of Onder 24 HRS 2c DATE PRONOUNCED DEAD 1215 Mills Month 7 Day 1 Year 1968 1215
	7a cour	HRTHPLACE (Stote or fore gn 75. CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH CECT 1. MIDOWED DIVORCED S. MIDOWED MIDOW
	10. (	ITY OR TOWN OF DEATH  II. NAME OF MOSPITAL OR INSTITUTION (If not in hospital line) 12a. USUAL OCCUPATION (Kind of work done line) 12b. Kind OF Business OR during most of working if e. even if retired   INDUSTRY   Indust
	13a 0	USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c (ITY OR TOWN INSTITUTION TO STATE Del. 13b COUNTY New Castle Newark YES IN No 29 Capitale Residence (Brookside)
hours offe Ifem 18. Gi Office alon Tand2 with after death		ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24 lin the ris (		FRUIN PAYNESR, KODA MULLINS
INER: This certificate shauld be executed within 24 haurs after e certificate, writing the ward "pending" in pencil in Item 18. Give shauld be forwarded to the Chief Medical Examiner's Office along files.  3 shauld be used as a bunal-transit perm t. File pages land 2 with that instran, or removal, and in any event within 72 haurs after death.		NAS DECÉASED EVER IN L'S ARMED FORCES?  166 SOCIAL SECURITY NO 17. INFORMANT VIGLA HEADNICK ADDRESS ELKTON VIGLA HEADNICK
ed v in in all Ex		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Severe Injuries  IMMEDIATE CAUSE (a) Multiple Severe Injuries
be executed "pending" in nief Medical B ansit perm tot event within		
e ex penc of M sit p		DUE TO, OR AS A CONSEQUENCE OF
d b rd ii Chik		rise to immediate couse (a). (b)
shauld be executed will te ward "pending" in pe o the Chief Medical Exar bunal-transit perm t File in any event within 72		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF
KAMINER: This certificate should te the certificate, writing the ward ge 4 should be farwarded to the Chyaur files.  age 3 should be used as a burral-tracemation, or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
writi writi war war war	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his cante, a fall	STEFF	WAS PERFORMED?  YES \( \square\) NO ((\sqrt{\text{P}})
MER: This certi e certificate, writ should be farwar files. 3 shauld be used attan, or remova	AL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING   21b. TIME OF IN-URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 2 Item 18)  HOUR A M.
INER e cert shaul filles, 3 shau nothan	MEDICAL	CALSE OF DEATH 1210534 7-11 19 88 9 CHARLES MOTORCYCLE IN COLLISION WITH IMPLE
<b>≥</b> = 4 + 9 ;	/ 2	21d INJURY OCCURRED  21e. PLACE OF N.LRY (At home, form, street, fordgry affice building, etc.)  AT WORK AT WO
cat EXA execute for Page ed for you CTOR: Page burial, cre		220. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], ond in my opinion
Se externance of the control of the		death resulted fram: Natural causes 🔲 , Accident 🗹 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
TY SIC.  Y, please e rail director to but to		ACTUAL CHIEF MEDICAL EXAMINER
UTY ITY, I erci be r RAL Priv		SIGNATUREMD. ASSISTANT MED CAL EXAMINER
ro DEPUTY CLEAS ICA necessary, please ethe funeral director 5 may be retained for FUNERAL DIRECT Health prior tabu	Д.	NAME (Type) John Ma Byens, Med. ADDRESS (Street, city, town, or county) Elkton, Med.
5 = = ~ 5 =	230	BUR AL CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Cry or Town) (County) (State)
	/ <u>5</u>	FUNERAL DIRECTOR DELEGATION ADDRESS ELETON 250 REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE
VR A15ME (5) 10M REV 1/68	P	PPIN FUNERAL HONE MID WIL 15 1968 PCharles On
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	<u></u>	*89		CERTIFICATE OF			
death. nerol and 2 death.	ם ון.	CEASED-NAME First ype or print)	Middle	Lost	20. DATE	OF DEATH  Month Boy	Year 10 arn M
r deat unerol		Paul	Kinsey	Rice	July		
te Ter	3.º SI	Х	4 RACE	S DATE OF BI	KIN	TO WOL GILL AGOLD 1	F UNDER LYD O & LABER 24 HRS. MONTHS DAYS HOURS MIN
		Male	Negro	5.00	9,1	OG PIGOPY) YRS.	MONTHS DATS FOORS MIN
	70.	SIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	RIED TO COUNTY	OF DEATH	
4 h	con	aryland	II S	WIDOWED DIVOR	CED _	C	ecil Md.
hate be executed within 24 hours after death by can and completely filled in by the juneral prease remove corbon poper. Pages 1 and 21, and in ony event, within 72 hours ofter death		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR U	Vert Manor	120 USUAL OCCUPATION	ON (Kind of work done ng life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
bon with		Rising Sun 1	Md Nusring I ed lived, if institution: Residence before	Omo			THOUSING
ed cor	130	LSJAL RESIDENCE (Where decepse	ed lived, if institution: Residence before	136 CITY OR TOWN	13d INSIDE AFTERINGS TO PAGE		
orm eve	uditi	ssion) Waryland		Pylesvi		rier Nurs	ery Road
ind c remo	14	ATHER'S NAME First	Middle Lost	15. MOTHER S MA	ODEN NAME First	Middle	Lost
s be an o se idir	L	Rigley	Rice		**CLL J		Wye
5 5 5		WAS DECEASED EVER IN U.S. ARM es, no or unknown) (It yes give we	ED FORCES?  ar or dates of service)  16b SOCIAL SECUR TY 217-03-8	NO. 17 INFORMANT	on, Herber	Address	h 3/4
E S					on, nerber	t Stree	
<b>13</b> ≥ ₹ E		18. CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and (c) BY:	J-)	D		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath indi-		PAKI I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	mmare	edema		3 days
e do			DUE TO, OR AS A CONSEQUENCE OF				
at the state of th		Conditions, if ony, which gove	(b) Dener	I corru	momatos	`o +	6 mmodes
hot n. ans ems		rise to immediate couse (a), ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF				
es tes de sicio	1	lost	@ Desc ndi	ng Colon			
digne original original		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	DISEASE OR CONDITION G	VEN IN PART I(o)	
rec ng p		4					
dir bee or 1	1	190 DATE OF OPERATION 196, O	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTO	PSY? 20b	IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
X pigs	CERTIFICATION			YES		SES OF DEATH?	
or or use	1	210 ACCIDENT WAS UNDERLYING	G 215, TIME OF INJURY	Land I	URRED (Enter noture of in	niury in Port 1 or Port 2.	Item 18.)
F F F F F F F F F F F F F F F F F F F	ਤ	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yea er) P.M		<b>(</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
SS de la serie de	MEDICAL	21d INJURY OCCURRED 21e.	er)   P.M Diace of initidy cathome sarm street e	NOTORY 1 214 LOCATION Street	tor PED No.	ity or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or oritending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in brine fundirector, page 3 should be detached for use as the burial-transit permit. Near prease remove corbon pages, abound be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often	П	at wast	PLACE OF INJURY (AT HOME, EARM, STREET, F. OFFICE BUILDING, ETC.				
NG V # Fer de d	1	22a. I certify that (I) (thi	s haspital) attended the deceasive an— (i) (we) (did) (did nat) view the	sed from 6-11-0	8 , 19 68, ta	7 16 19	co that (I) (we) last
d b d b s s s s s s s s s s s s s s s s	1	saw the deceased al	ive an	19, and that in (m	y) (aur) apınian deat	n accurred an the da	te and havr and fram the
E SE		causes stated abave	, (I) (we) (did) (did nat) view the	bady after death.			
Will State of A.		22b. SIGNATURE	10010	ATTENDIA	IG AS MED.	STAFF C	DATE SIGNED 68
P be Seded	1	Olul	1 Taylor	DEGREE PHYS		J PHYS.	
TAL AL Pog e fi		22d. PHYSICIAN'S NAME (Type) Ne	il R. Taylor	22e ADD	RSS Lising Sun	Md	
TO HOSPITAL Poge 4 moy b TO FUNERAL D director, pog						· · · · · · · · · · · · · · · · · · ·	
rect Toul	230	BURIAL CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCA	TION (City or Town)	(County) (Stote)
5 5 5 9 x			y 19.1968 Ches			ks,Harford	
VR A15 (4)		FUNERAL DIRECTOR	ADDRES		2So. REC'D BY REGISTRAR		
30M REV 1/68	-	ohn H. Harki	ns Delta, F	enna.	DATE JUL 2 2	1968 gch	orles Judge



6.			MARYLAND STATE DEPARTMENT OF HEALTH	
TO SERVICE OF		1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	(M)		CERTIFICATE OF DEATH	
	= 2 =			HOUR
	funera 1 and 1 er death	1	Type or print) C, PLBERT RINGGOLD 7 Month 10 Day 68 Year 2:3	35 AM
	24 hours after death ed in by the funera spers Pages I and 72 hours after death	3. SE	S DATE OF BIRTH  4 RACE  5 DATE OF BIRTH  6 AGE (in years   is under 1 year   is und	24 HRS MIN
	by Pe		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED PRINETED 9. COUNTY OF DEATH	_
	n Zah	con	MD. 4. S.A. WIDOWED DIVORCED CEC12	Md.
		10. 0	CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working Life aven if refired)  III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working Life aven if refired)  INDUSTRY	OR
	d w	130	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	camp ave c		AISSION) STATE MD. 136 COUNTY CECIL FLATON YES NO 102 PART CIRCLE	
	be ex and e rem lin on	1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME FIRST MIDDLE RICHARD RICHARD	205
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician.  S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete will director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban should be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in ony event, with		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no privile pown) (Il yes give wer or dotes of service) 216-05-73227. GLADES W. RINGGOLD A	D.
	th cer ling p The remo	Г	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Squamous Cell Caveinoma Schaceous Cyst rt. groin 2413 94	VAL DEATK
	dea'	П		40.
	t the the sit p		Conditions, if ony, which gove is to immediate course (a).  (b)  DUE TO, OR KS A CONSEQUENCE OF with warrive stim metastesis.	
	equires that physician. signed by 1 burial-trans burial, crem		sloting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
	hysion igne urial urial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	w rec	N.S.	1917	
	he la ittend ias be e as prioi	CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  5/12/66  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  YES NO CAUSES OF DEATH?	Ĝ
	or or or or or or or or or or or or or o		21 of ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	CIA Sital Tifica of fo	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medicol exominer) P.M.	
	PHYSICIAN: e haspital ar his certificate stached for 1 Dept. af Hea	A.		Stote
	te D		While Not while of work of work that (1) (this haspital) attended the deceased from 4/25/ 1966 to 7/10 1968 that (11) (w	-> 1
	Afte Afte Sto		saw the deceased glive on 7/9, 1969, and that in my (our) opinion death occurred on the date and hour and from	ve) lost om the
	OR: h th	1	causes stated above, (1) (we)(did) (did not) view the bady ofter death.	
	OR A be reft be reft be reft be 3 st ed with	L	22b. SIGNATURE Blacks H. Huchur DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 120 DATE SIGNED 7/10/68	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, creating the purial of the state Dept.		22d. PHYSICIAN'S NAME (Type) KLAUS H. HUEBNER 22e. ADDRESS NORTH EAST Hd.	
	Page 4 moy Fore End Fore Fore Fore Fore Fore Fore Fore Fore	230	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote	
	22 20 0	1/4	FUNERAL DIRECTORS 250 REGISTRAR S SIGNATURE	<i>D.</i>
	30M REV	F	IPPIN FUNERAL HONE NOD. WILL 12 1968 Schools Judge	
	4			





X I	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1.007
HEALTH DEPT.		DECEASED NAME · First Middle Lost 20 DATE KNOWN MC Type or Print) OF ESTI-	onth Day Year 2b HOUR
2 and 3 to 2. Cond 3 to 3. Cond		ESTEL ROBERTS DEATH MATED 7	7 1968 M
delay nd 3 13. Pag	3 5	[ast birthday] MONTHS GAYS HOURS MIN. Manth Day	
A		ale White Mar. 1, 1915 53 YRS July	7 1968 M
- E 1 E	ZQUN	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
S S S S S S S S S S S S S S S S S S S	10.0	Va. U.S.A. WIDOWED DIVORCED Cecil  CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUA, OCCUPATION (Kind of work d	Md. Iane 12b KIND OF BUSINESS OR
hours ofter dmoth  Them 18 Give Pages 1.  Office along with form  ond 2 with the State De	10 (	give street address) during mast alwarking life, even if retir	
Sive ng th	13a	Elkton   Hnion Hospital Lacorer  USUAL RESIDENCE (Where deceased lived, if institution Residence before lac city or TOWN   34. INSIDE CITY LIMITS?   13e STREET AND NUMBER	Saw Mill
s offer 18 Gr along 2 with deoth		idm ssion) STATE 13b COUNTY	ad
hours ofter defere 18 Give Poffice along w. Sond 2 with the offer death	14, F	Md. Cecil Elicton Dogwood Ro FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
the the the the the the the the the the		Riley Roberts Riedy	Rundens
ominer ominer of the property	16a	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS  16c pg. or unknown) (1/475 gryphydr or ddres of service)  17c pg. pg. pg. pg. pg. pg. pg. pg. pg. pg.	1
i≡ld b≡ executed within 24 ford "pending in pending in pending in the Chief Medical (xomiter and transit permit. Phe pages only event within 72 hours		Yes no, or unknown) ((type gryphyra or dutes of service) 234-20-5878 Mrs. Gladys Roberts, E	
hin hin		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY THIS PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ling edic erm wrt		IMMEDIATE CAUSE (a).	
ex Sence of M of M sit p		Conditions, if ony, which gove	
d bi d bi Chie rran y ev		rise to immediate cause (a). (b)	
The certificate should be executed within 24 the certificate, writing the word "pending in periods in the 4 should be forworded to the Chief Medical (xominer) or files a 3 should be used as a burial-transit permit. File-pages imation, or removal, and in any event within 72 hours.		and the ordering coose	
o bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(o)	
Table R. This certificate is the the certificate, writing the get 4 should be forworded to your files age 3 should be used as a bicemation, or removal, and	_	7271	
certifica inworded inworded used as emovol, a	ATION	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION	20 AUTOPSY?
of for the form	TIFIC	WAS PERFORMED?	YES NO _
<u> </u>	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year PRIMARY TOR CONTRIBUTING HOUR A.M	t 2, Item 18.)
Cert Cert houl houl lles short	EDIC	CAUSE OF DEATH - P M 19	
the the Ur fur for seminary	25	21d INJURY OCCURRED  WHILE  AT WORK  AT WORK  21e PLACE OF INJURY (At hame, farm, street, foctory, affice building, etc.)  21f LOCATION Street or R.F.D. No.  City of Town	Eaunty State
ICAL E executor. Poled for CTOR: I bural,		220 <b>I certify</b> that I took charge of the remains described above, held an <u>Autops</u> XX, Inspection , Inquir death resulted from Notural cause XX, Accident , Suicide , Homicide Undetermined man	,
please ex I director. retained f		CHIEF MEDICAL EXAMINER	iller (
y, ple y, ple erol du se reto RAL DI prior		The state of the s	DATE SIGNED
cessary, le funerol may be r		EXAMINER'S DEPUTY MED CAL EXAMINER	July 8, 1968
		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
5 5 ± ~ 5 ±	230	BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town)	(Caunty) (State)
-0	_	Eurial 7/10/68 Elkton Cemetery Elkton, Mc	a s courseller
VR ATSME (B)	24	FULLERY DRECTOR & FLICKY ADDRESS 250 RECD BY REG \$1968 250 COGIST	res fridge
TOM REV 1/00		Hicks Home for Funerals, Elkton, Md. pat	4 4



N 1.	. DIVICION OF VITAL	MAKYLAND STATE DEPA	RIMENT OF HEALTH ESTREET, BALTIMORE, MARY	TAND 21201	0.0.11
FOR STATE			RTIFICATE OF DEATH		
HEALTH DEPT	DECEASED-NAME F7S1	Middle	last	2a. DATE KNOWN X Month	Day Year 2b HOUR
2 ° ° ° ° ° ′ ° ′ ° ′ ° ′ ° ′ ° ′ ° ′ °	(Type or Print)	BETTRAN	RODRIGUEZ	OF ESTI- DEATH MATED 7	10 19 68 M
7 6 - 4 E	SEX 4 RACE S DATE OF F		IF UNDER 1 YEAR   IF UNDER 24 HRS	2c DATE PRONOUNCED DEAD	2d HOUR
To be de de	Male white Dec.	a jost berthday)	MONTHS DAYS HOURS MIN.	Month Day	0 Year 9 68 M
Edia di	BIRTHPLACE (Stote or foreign   7b CITIZEN OF V		RIED NEVER MARRIED 9 CO	UNTY OF DEATH	0 7001 111
- 15-16	untry) Puerto Rico U.S		IWED DIVORCED	Cecil	Md
Pages vith far	CITY OR TOWN OF DEATH 11	NAME OF HOSPITAL OR INSTITUTION		CCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR
INER: This certificate should be executed within 24 hours ofter death exertificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with failes.  3 should be used as a buriol-transit permit. File pages I and 2 with the State ation, or removal, and in any event within 72 hours offer death.	Elkton	street oddress) Union Hospital	dur ng most (	of working life, even if retired)	INDUSTRY
ofter 8. Giv olong olong with t	a. USUAL RESIDENCE (Where deceased lived, if inst	itut an Residence before 13c CITY		13e STREET AND NUMBER	
18. Give olong e olong deoth.	odmission) STATE Md. 13b. COUNTY	Cecil Elkt	OT YES NO V	Bill's Trail	er Park
Office Office	FATHER'S NAME First Mide		IS MOTHER'S MAIDEN NAME First		Lost
n 24 ho il in Iter ier's Off ges Ion	UNKNOW	$\sim$	Paula	Beltran	
hin noted in page	g. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, ng, or unknown)   (If yes give war or dates of service		7 INFORMANT	ADDRESS	
with pen com le p	(11 yes give wai or unless or salving	592-92-4247	P. Nie: Cs C.	3 /C DAN	
be executed within "pencil" in pencil. Insert Medical Exomine ransit permit. File page event within 72 the	18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY	line for (a), (b), and (c).)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing' ing' dicc	IMMEDIATE CAUSE (a)	Multiple trauma	tic injuries		
exe Mending It pe		OR AS A CONSEQUENCE OF			
be hief hief ansil	Conditions, if any, which gave ) rise to immediate cause (a). (b)				
ony	stoting the underlying couse DUE TO,	OR AS A CONSEQUENCE OF			
should be e te word "per to the Chief I buriol-transit	last   (c)				
This certificate should icate, writing the word be forwarded to the Clark de used as o buriol-transcribed in ony	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)	
vertificat writing rwarded rsed as a noval, on	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	DATION		20 AUTOPSY?
certificorwari	THO DATE OF OPERATION	WAS PERFORMED?	RATION		YES TO NO
This cate, be for the liberal	190 DATE OF OPERATION  210 EXTERNA, CAUSE WAS 216 T ME	DF INJURY Month, Day Yeor 2	to HOW INJURY OCCURRED (Enter not	use of injury in Port 1 or Port 7 li	724
INER: Tile certifice should by files. 3 should laboration, or ration, or		A M			
INE INE I Shot Shot Shot Shot Shot Shot Shot Shot	PRIMARY OR CONTRIBUTING HOUR CAUSE OF DEATH ?  121d INJURY OCCURRED 21e PLACE OF INJURY	PM 7 10 19 68   (At home, form, street, 2	Subject driver  If LOCATION Street or R.F.D. No.	in auto⇒auto c	County State
	WHILE WHILE foctory, office build	ling, etc)		Elkhon	cil Md.
L EX. ecute Poge or yo R: Po	22a   certify that   toak charge at	the remover described above	545 X 279 Inters	spection , Inquiry	
TY BICAL E  Y, please executed director. Pole energined for an energined for the control of the	death resulted from: Natural ca		Suicide , Hamicide		j, and in my apin an
JTY BIC, ry, please e erol director be retoined RAL DIRECT prior to bu	death resolved its.	Des . Micidelli AN.	CHIEF MEDICA, EXAMI		
Ple Tet of ion	ACTUAL	To al	M.D. ASS STANT MEDICAL EX		SIGNED
SSary, Francis on be roll on be roll of the price of the	SIGNATURE	-	DEPUTY MEDICAL EXAM	profession and the second seco	11. 1968
o DEPUTY SICAL EXAM neressary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) Charles S	Springate, M.D	ADD DECELCY A		
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	3a BUR AL CREMATION, 236 DATE	23c NAME OF CEMETERY	OR CREMATORY 23c	LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) 17/15/68	or / Coroza	1/	Pu	erto Rico
	4 FUNERAL DIRECTOR	ADDRESS	250 REGD BY RI	ELITHINGS 256 (ALLESTINGS	
VR A15ME (5) 10M REV 1/68	Hicks Fome for Tune	rais, alkton,	DATE DATE	5 3 4	0







<i>H</i> _	1	MARILAND STATE DEPARTMENT OF HEALTH				
/ 1		** CORC DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
•		CERTIFICATE OF DEATH				
. 2.	10	ECEASED-NAME First Middle 20. DATE OF DEATH 2b HOUR.				
leath eral and		Type or print) James H. Spence Month 7 Doy / 3 Year 68 1/35 M				
5 3/F 5	3. S	EX 4. RACE S BATE OF BIRTH 6. AGE (In years IF JHDER 1 YEAR IF LINDER 24 HRS.				
The state of the s		M 10-6-1895 last birthday) YRS. MONTHS DAYS HOURS MAIN				
by by	70.	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH				
n 24 th		Md. WIDOWED DIVORCED   Colle Md.				
mpletely filled in carbon groper event, within 72	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of Parkural fe, even in retired)  12b. KIND OF BUSINESS OR INDUSTRY  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of Parkural fe, even in retired)				
ed with		USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c EITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER				
ecuted with campletely mum carbar y event, wi	odn	136 COUNTY Cecil Charloston YES X NO				
One co	14	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost				
and in	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 117. INFORMANT				
2 .0		(es, no or unknown) (1 yes give was or dates of service) Jean Mahoney - nockell street				
ng p The		18. CAUSE OF DEATH (Enter only one couse per Ime for (a), (b) and (c).)  APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH				
he death ce attending permit. Th		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carebral Vascular Cicident 5-1/4				
he off per ion,		DUE TO, OR AS A CONSEQUENCE OF A				
that that that the by the by the transit cremat	1	Conditions, if ony, which gave rise to immediate cause (a), (b) Cambolic M				
The law requires that the death certificatending physician. The attending physician bas been signed by the attending physe as the burial-transit permit. Then hariar to burial, cremation, ar remavan	ı	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Heart disease.				
equires i physicia signed l burial-tr	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
ing ing ing ing ing	봉					
The law ratending attending has been ie as the h priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY?  YES NO AUTOPSY?  YES NO AUTOPSY?  YES DEATH?				
e h a se the	E	YES NO (Enter nature of injury in Part 1 or Port 2, Item 18)				
YSICIAN: aspital ar certificate thed far unit of Heali	MEDICAL (	TOR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical exominer)  P.M. Manth Day Year  19				
PHYSICIAI le haspiral his certifica stached far Dept. of H	₩ ₩	21d INJURY OCCURRED While Not while Not while Not while Not while The Not while Not wh				
G PH the h this detac	П	lat work at work				
DING d by the After d be d	П	22a. I certify that (I) (this haspital) attended the deceased from 1960, ta 7-1963, that (I) (we) last saw the deceased alive an 1960, and that in (my) (aur) apinian death accurred an the date and haur and fram the				
OR ATTENDING be retained by the DIRECTOR: After the 3 should be died with the State	1	saw the deceased alive an				
ECTC Shouth	1	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED				
L OR be r be r blike 3	ш	DEGREE PHYS DIRECTOR PHYS.				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	L	22d. PHYSICIAN'S CRISTOBAL VELA. 22e. ADDRESS W. High St. Elkton.				
HOS age / FUN irect	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)				
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	24	FUNDRAL (Specify) 7/17/68 Cherry Hill Meth. Cenetery, Cherry Hill, Md.				
VR A15 (4)	74.	Alek Con Hickey				
14	1	icks home for Funerals, Elkton, Ma. DAK				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY CECIL b. COUNTY CECIL MARYLAND executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) write RURAL and give neorest town) 4 YRS RISING SUN NORTH d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled S. QUEEN NURSING PRATTS HOME YES 🗍 NO 🔀 Middle 4 DATE First Year Dov DECEASED STEPHENSON MAY JULY SUSANNA 30 10 68 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) NOV. 28, 1878 FEMALE WHITE WIDOWED S DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? NORRISTOWN. PENN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayol, GORRELL POTTS EMMA PHYSICIAN: The law requires that the death certif WALTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no. or unknown) (If we give war or dates of service) 20 217-98-1870 MARJORIE POIST RISING SUN MO 18. CAUSE OF DEATH (Finter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH Sanile anton Brulontic IMMEDIATE CAUSE (o) 41239 DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse os the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS! use PERFORMED? the Stote Dept. of Health YES 🗔 NO ğ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Store) WED. foctory, street, office bldg., etc.) Not While at work 19 that (1) (we) last 7-17 19 64, ta 7-30 19 6F, and that death accurred at 10 ... M, from causes and an the date stated above. saw the deceased alive an 220. SI MATURE 226. DATE SIGNED M.D DIRECTOR 22d ADDRESS 22c PHYSICAN TO FUNERAL director, should be 230 BUR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) HAVAE DE GRACE, HARFORD, MO ROCK RUN **ADDRESS** 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNAT 24. FUNERAL DIRECTOR VR A15 (4) REED RISING SUN, MD. DATE AUG 2 1968 25M 1/67



n 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
S CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	103
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DERL		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day (Type or Print)	Yeor 2b HOJR
S t eg	`	James A. Thompson, Sr. DEATH MATED 7-16	
deloy and 3 W3. Page	3 SI	The state of the s	2d HOUR
	M	Tale White April23/88 80 YRS MONTHS DAYS MOUNTS MIN Month	Yaor 1968 12:45
1		B RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
arm are D	coun	Canada U.S.A. WIDOWED D. VORCED Cecil	Md
ath age th f		CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20 USUAL OCCUPATION (Kind of work done 1/26)	KIND OF BUSINESS OR
after death  8. Give Pages 1, along with farm with the State De		Elkton give street oddress) Hos pital   during most of working fe, even if retired)   Major	STRY
iter Giv ong th t	130.	. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136 INSIGE CITY LIMITS? 13e STREET AND NUMBER	
oleo deo	-0	THE PARTY IN A DOGWOOD Rd.	
24-hours afte in Item 18. Gi rs Office alon rs Tand 2 with rs after death	14, F	FATHER'S NAME First Middle East 15, MOTHER'S MAIDEN NAME First Middle	lost
		William Robert Thompson Sarah Tho	
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	mpson
with a year of the page of the page 72 ha		Yes, no, or unknown) (this give wor or dates of service)	1-4 767
		No Mrs. Bessie Mae Thompson, El	APPROXIMATE INTERVAL
hauld be executed ward "pending" in the Chief Medical E		DART DELTU WAS CALISED BY	BETWEEN ONSET AND CEATH
be execute "pending" ief Medica insit permīt event w'th		1110 MMEDIATE CAUSE (a) Arterioseleratic Heart Disease	rears
e e e e e e e e e e e e e e e e e e e		Conditions, if any, which gove	
Chie		rse to immediate raise (a) (b) HTTEVIA3CICTASIS GCNIVAIIILE	JEDY5
on)		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "per a the Chief I burial-transit		lost   (t)	
ate of the ed to so b and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffice iffing arde al as	₩.	420.D None	
certii , writ arwar used mava	CATE	196 DATE OF OPERATION 196. COND. TION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This certificate should be executed licate, writing the ward "pending" in be farwarded to the Chief Medical E of be used as a burial-transit permit for remayal and in any event within	CERTIFICATION		YES NO 2
無力 끝 ~		216 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 1 HOUR A.M. 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	)
NER: Trertifice hauld by thes. should item, ar	MEDICAL	CAUSE OF DEATH P M .9	
at 33 E She IN	ME		unity Stote
DEPUTY BICAL EXAMINER: seessary, please execute the certine funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,		WHILE NOT WHILE factory, office building, etc.)	
AL EXA execute ir. Page J for yai TOR: Pag		220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my aninion
ICAL E) transport Page ed for y CTOR: P		death resulted fram. Natural causes 2. Accident . Suicide . Hamicide . Undetermined manner .	and it my aparton
please I direct direct retains or to k		CHIEF MEDICAL EXAMINER	
Try please rad direction to prior to		ACTUAL ()	ED
UTY UTY Iero be be Pr		SIGNATURE MD MS 3 3 3 MRT INCOME CAMBINETS	6-68
D DEPUTY  Decessary, please exthe funeral director.  S may be retained to FUNERAL DIRECTO  Health prior to bur		NAME (Type) Tillman D. Johnson M.D. ADDRESS(Street, city, town, or county) 123 5 meerly	4
ro bepury necessary, the funero 5 may be fo FUNERA Health pr	230	BURIAL CREMATION 233-DAG , // 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City of Town) (Coun	
	200	REMOVA. (Spec fer)	,,
	24	Burial Glay County Cem. Clay Co. W. V.	
VR ALSME (S)		FRIDM GO HURD	0 4 -
10M REV 1/68	<u></u>	Hicks Home for Funerals, Elkton, Id. DAMINI 31 1968 Charles	Judge



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Item#7 Film#G402 7/23/60 vmp CERTIFICATE OF DEATH 10105 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Cecil MARYLAND b. CITY OR TOWN (If outside corparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Warrick Warrick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First 4. DATE Middle Losi Month Day Yeor DECEASED Steven West July 19 68 (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX 9. AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Oct.16,1888 DIVORCED IX WIDOWED | Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James West Clara Price 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 11 Catherine St., Beatrice Miles-Middletown Del 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Heart Disease months DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. Pulmonary Tuberculosis far advanced PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office blda., etc.) Hour o.m. While Not while at work at wark July 14 1968, that I last saw the deceased 21. I certify that I attended the deceased fram. 11:30 M fram the causes and an the date stated above. and that death accurred at alive an ADDRESS (Street, city or town, state) DATE SIGNED 15 July 68 Cecilton, Md. SIGNATURE PHYSICIAN'S Cecilton .Md Wallace Obenshain M.D NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) he Bohemia Manoe Cem. Bohemia Manor.Md. 23. FUDERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 909 Poplar St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRE

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